

MEDICARE/MEDICAID NURSING HOME INFORMATION

1988-1989

ILLINOIS

Part 4

Quincy to Zion

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Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare/Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

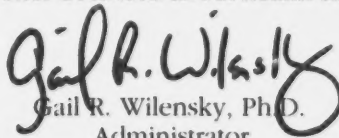
Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987/1988 edition of Medicare Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.


Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- o general information about a nursing home's population and the characteristics and care needs of its residents; and
- o specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- o Social services departments in local hospitals;
- o Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- o State nursing home associations;
- o City or county welfare departments;
- o Religious groups; and
- o Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

A Healthier Today For A Better Tomorrow

Bernard I. Turnock, M.D., Director

Overview of nursing home licensure program

The Illinois Department of Public Health's Office of Health Regulation, Bureau of Long-Term Care promotes and assures quality care for all residents of licensed long-term care facilities in the state.

The Bureau is comprised of three divisions: Field Operations; Quality Assurance; and Education and Research. These divisions employ registered professional nurses, registered sanitarians, registered dietitians, architects and qualified mental retardation professionals to assess the quality of care provided to all long-term care facility residents.

Overview of enforcement system

The Division of Long-Term Care Field Operations functions from a central office and from nine regional offices throughout the state. Its primary purpose is to conduct unannounced, on-site licensure surveys of nursing homes, as required by the Nursing Home Care Reform Act, and to respond to all complaints registered with the Nursing Home Central Complaint Registry with on-site inspections. Licensure surveys are conducted prior to initial licensing of the facility and annually thereafter. Complaint investigations are begun within 24 hours for serious allegations and within 30 days for less severe allegations.

The Division of Long-Term Care Quality Assurance reviews all surveys and complaint investigations to ascertain the appropriateness of issuing violations in accordance with the Act.

Follow-up surveys and subsequent reviews are done where indicated and appropriate penalties assessed, in accordance with the Act. Enforcement sanctions include financial penalties dependent on the severity of the violation; imposed plan of correction; and placement of State monitors in facilities. In extreme cases, court-appointed receivers may take over operation of a facility, and/or the State may revoke the owner's license. Minimum Standards, Rules and Regulations are used by all Bureau staff in surveying and reviewing to determine compliance.

The Division of Education and Research is responsible for initial orientation and continued training of all Bureau staff in survey procedures and processes.

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The Nursing Home Central Complaint Registry, in operation since 1984 under legislative mandate, creates a central "clearinghouse" to serve all citizens and agencies who express concern and/or complaints about the quality of care provided to residents of long-term care facilities. Persons registering complaints may remain anonymous, and all complainants are kept confidential.

Resources available to consumers

To obtain information regarding the Illinois Nursing Home Care Reform Act; survey activities and results; and Minimum Standards, Rules and Regulations, consumers may contact the central office:

Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Division of LTC Field Operations (217) 785-2629
Division of LTC Quality Assurance (217) 785-9184

OR

Regional Offices:

Region 1 - Rockford
4302 North Main
Rockford, Illinois 61103
(815) 987-7511

Region 2 - Peoria
5415 North University
Peoria, Illinois 61614
(309) 693-5360

Region 3 - Springfield
4500 South Sixth Street Road
Springfield, Illinois 62704
(217) 786-6882

Region 4 - Edwardsville
Cottonwood Road
Edwardsville, Illinois 62025
(618) 288-5731

Region 5 - Marion
2309 West Main
Marion, Illinois 62959
(618) 997-4371

Region 6 - Champaign
2125 South First Street
Champaign, Illinois 61820
(217) 333-6914

Region 7 - West Chicago
245 West Roosevelt Road, Bldg. 5
West Chicago, Illinois 60185
(708) 293-6800

Region 8B - Bellwood
4212 West St. Charles Road
Bellwood, Illinois 60104
(708) 544-5300

Region 8C - Chicago
33 East Congress, Suite 425
Chicago, Illinois 60605
(312) 793-3376

To file complaints with the Nursing Home Central Complaint Registry consumers may contact our Toll Free - 24 hour-a-day number:

1-800-252-4343

For information relating to compliance actions issued by the Department, consumers may contact:

Tom Schafer
Division of Communications
535 West Jefferson
Springfield, Illinois 62761
Springfield (217) 782-5750
Chicago (312) 917-5103

For information about the State Ombudsman program, consumers may contact:

Illinois Department of Aging
421 East Capitol, Floor 1
Springfield, Illinois 62701
(217) 785-2870

Illinois Department of Aging
100 West Randolph Street, Suite 11-900
Chicago, Illinois 60601
(312) 917-2630

For information about Medicaid Fraud and Quality of Care programs, consumers may contact:

Illinois Department of Public Aid
Division of Financial Recovery
100 South Grand
Springfield, Illinois 62704
(217) 785-7030

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania,
Virginia, and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and
Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi, North Carolina
South Carolina and Tennessee

Region VI/Dallas

Arkansas, Louisiana, New Mexico,
Oklahoma, and Texas

Region VIII/Denver

Colorado, Montana, North Dakota,
South Dakota, Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- o Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- o Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- o Ask about the home's last survey, what problems were found and if and how they have been corrected.
- o Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- o Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- o Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- o Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- o Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- o Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- o See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- o Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- o Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- o Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- o Note how the rooms accommodate individual resident preferences.
- o Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- o Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- o Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- o Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- o Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- o Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- o Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- o Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- o Ask how the home provides dental care to its residents.
- o Ask about how the resident or family is involved in care planning decisions.

Food

- o Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- o Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- o Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- o Ask if there is an activities coordinator and see if there is suitable space available for activities.
- o Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- o Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE			
NURSING HOME PROFILE STATESBORO NURSING HOME			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self explanatory

Street Address: Self explanatory

City and State: Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE				
SELECTED RESIDENT CHARACTERISTICS				
Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET NOT MET 87 88	FACILITY MET NOT MET 88 89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88 89			
		STATE		NATION	
		#	%	#	%
MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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**NURSING HOME PROFILE
BLESSING HOSPITAL SKILLED CARE UNIT**

Street Address: BROADWAY AT 11TH ST		City and State: QUINCY, IL 62301	
Participation: MEDICARE SNF	# of Beds: 15	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 06/13/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 7	Medicare Residents: 0	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		1	14.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		5	71.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		5	71.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		6	85.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		2	28.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		1	14.3	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		3	42.9	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		2	28.6	46.7	52.3
Residents requiring restraints.		0	0.0	29.6	40.4
Confused or disoriented residents.		0	0.0	52.6	58.6
Residents with bed sores.		3	42.9	9.1	7.6
Residents receiving special skin care.		4	57.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **GOOD SAMARITAN HOME**

Street Address: 2130 HARRISON		City and State: QUINCY, IL 62301	
Participation: MEDICAID SNF/ICF	# of Beds: 275	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	Medicare Residents: 0	Medicaid Residents: 42
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	84.1	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	141	82.9	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	126	74.1	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	91.2	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	73.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	89	52.4	33.7	39.1
Completely bedfast residents.	1	0.6	3.3	3.2
Residents confined to chairs.	57	33.5	46.7	52.3
Residents requiring restraints.	74	43.5	29.6	40.4
Confused or disoriented residents.	137	80.6	52.6	58.6
Residents with bed sores.	14	8.2	9.1	7.6
Residents receiving special skin care.	47	27.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F274

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LINCOLN HILL NURSING HOME

Street Address: 1440 N 10TH ST		City and State: QUINCY, IL 62301	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 04/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
97		5		80			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				50	51.5	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				73	75.3	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				53	54.6	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				52	53.6	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				57	58.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.				8	8.2	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				27	27.8	33.7	39.1
Completely bedfast residents.				3	3.1	3.3	3.2
Residents confined to chairs.				49	50.5	46.7	52.3
Residents requiring restraints.				22	22.7	29.6	40.4
Confused or disoriented residents.				38	39.2	52.6	58.6
Residents with bed sores.				7	7.2	9.1	7.6
Residents receiving special skin care.				36	37.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F101	F102	F117	F118	F126	F128*	F130
F175	F207	F250	F256	F294	F297	F332*	F342
F346	F349						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
QUINSHIPPI LONG TERM CARE FACILITY INC

Street Address: 720 SYCAMORE ST		City and State: QUINCY, IL 62301	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 214	Type of Ownership: PROPRIETARY	Survey Date: 08/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149		Medicare Residents: 6		Medicaid Residents: 122			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				115	77.2	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				121	81.2	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				107	71.8	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				103	69.1	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				99	66.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				49	32.9	33.7	39.1
Completely bedfast residents.				1	0.7	3.3	3.2
Residents confined to chairs.				77	51.7	46.7	52.3
Residents requiring restraints.				28	18.8	29.6	40.4
Confused or disoriented residents.				110	73.8	52.6	58.6
Residents with bed sores.				10	6.7	9.1	7.6
Residents receiving special skin care.				62	41.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	3.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	NOT MET	46	8.7	1395	13.6
MET	NOT MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	NOT MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
NOT MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F126	F128*	F170	F181*	F191*	F260
F293*	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
SUNSET HOME OF THE U M CHURCH**

Street Address: 418 WASHINGTON ST		City and State: QUINCY, IL 62301	
Participation: MEDICAID SNF/ICF	# of Beds: 243	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/06/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	Medicare Residents: 0	Medicaid Residents: 39			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		127	83.6	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		132	86.8	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		99	65.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		130	85.5	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		108	71.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	29.6	33.7	39.1
Completely bedfast residents.		5	3.3	3.3	3.2
Residents confined to chairs.		67	44.1	46.7	52.3
Residents requiring restraints.		69	45.4	29.6	40.4
Confused or disoriented residents.		84	55.3	52.6	58.6
Residents with bed sores.		9	5.9	9.1	7.6
Residents receiving special skin care.		46	30.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MARIA CARE

Street Address: 350 W S FIRST ST		City and State: RED BUD, IL 62278	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 115	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/04/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 1	Medicaid Residents: 63
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	94.6	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	111	100	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	79	71.2	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	94.6	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	73.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	27.0	33.7	39.1
Completely bedfast residents.	0	0.0	3.3	3.2
Residents confined to chairs.	26	23.4	46.7	52.3
Residents requiring restraints.	35	31.5	29.6	40.4
Confused or disoriented residents.	71	64.0	52.6	58.6
Residents with bed sores.	5	4.5	9.1	7.6
Residents receiving special skin care.	35	31.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117 F118 F130 F257 F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ST CLEMENT HOSPITAL

Street Address: 325 SPRING ST		City and State: RED BUD, IL 62278	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 16	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/22/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	Medicare Residents: 2	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		9	56.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		8	50.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		4	25.0	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		8	50.0	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		11	68.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		2	12.5	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		2	12.5	46.7	52.3
Residents requiring restraints.		5	31.3	29.6	40.4
Confused or disoriented residents.		7	43.8	52.6	58.6
Residents with bed sores.		0	0.0	9.1	7.6
Residents receiving special skin care.		0	0.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RICHTON CROSSING CONVALESCENT CENTER**

Street Address: IMPERIAL DRV AND CICERO AVE BOX 345		City and State: RICHTON PARK, IL 60471	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 294	Type of Ownership: PROPRIETARY	Survey Date: 12/07/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
268	22	184			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	95	35.4	73.8	82.0	
Dressing					
Residents requiring some or total assistance in dressing.	181	67.5	77.5	84.0	
Toileting					
Residents requiring some or total assistance in toileting.	151	56.3	69.0	75.0	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	48.5	70.6	76.9	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	156	58.2	64.8	69.4	
Residents on individually written bowel and bladder retraining program.	6	2.2	5.0	4.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	86	32.1	33.7	39.1	
Completely bedfast residents.	3	1.1	3.3	3.2	
Residents confined to chairs.	88	32.8	46.7	52.3	
Residents requiring restraints.	5	1.9	29.6	40.4	
Confused or disoriented residents.	122	45.5	52.6	58.6	
Residents with bed sores.	19	7.1	9.1	7.6	
Residents receiving special skin care.	58	21.6	34.5	31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	NOT MET	86	16.2	2492	24.2
MET	NOT MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	NOT MET	24	4.5	1319	12.8
MET	NOT MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F167*	F168*	F169	F170	F180	F191*	F193	F194
F195	F196*	F197	F199	F204	F205	F206	F210
F262	F293*	F295	F326	F327	F328	F332*	F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RIDGWAY MANOR NURSING CENTER**

Street Address: RT 1 BOX 181A		City and State: RIDGWAY, IL 62979	
Participation: MEDICAID ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 05/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
61	0	41			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	83.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		51	83.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		51	83.6	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	72.1	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		53	86.9	47.0	59.1
Residents on individually written bowel and bladder retraining program.		2	3.3	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	32.8	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		39	63.9	28.2	40.9
Residents requiring restraints.		26	42.6	19.6	30.9
Confused or disoriented residents.		53	86.9	47.7	55.4
Residents with bed sores.		5	8.2	4.8	4.8
Residents receiving special skin care.		20	32.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F102	F117	F119	F169	F170	F196*	F199
F250	F254	F255	F256	F263	F293*	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE BRENTWOOD NO NURSING CTR

Street Address: 3705 DEERFIELD RD		City and State: RIVERWOODS, IL 60015	
Participation: MEDICARE SNF	# of Beds: 248	Type of Ownership: PROPRIETARY	Survey Date: 05/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	Medicare Residents: 38	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	81.5	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	167	83.5	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	142	71.0	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	67.5	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	60.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.	2	1.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	29.0	33.7	39.1
Completely bedfast residents.	4	2.0	3.3	3.2
Residents confined to chairs.	113	56.5	46.7	52.3
Residents requiring restraints.	89	44.5	29.6	40.4
Confused or disoriented residents.	110	55.0	52.6	58.6
Residents with bed sores.	8	4.0	9.1	7.6
Residents receiving special skin care.	39	19.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	141	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F191* F199 F250 F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APOSTOLIC CHRISTIAN HOME

Street Address: 1102 W RANDOLPH		City and State: ROANOKE, IL 61561	
Participation: MEDICAID ICF	# of Beds: 75	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:		
48	0		9		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	48	100	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	33	68.8	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	26	54.2	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	77.1	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	20.3	30.4	
Completely bedfast residents.	0	0.0	0.7	2.8	
Residents confined to chairs.	18	37.5	28.2	40.9	
Residents requiring restraints.	18	37.5	19.6	30.9	
Confused or disoriented residents.	27	56.3	47.7	55.4	
Residents with bed sores.	0	0.0	4.8	4.8	
Residents receiving special skin care.	48	100	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F091*	F117	F118	F126	F169	F170	F176
F196*	F199	F236	F237*	F250	F260	F261	F294
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LYDIA HEALTHCARE CENTER

Street Address: 13901 LYDIA AVE		City and State: ROBBINS, IL 60472	
Participation: MEDICAID ICF	# of Beds: 262	Type of Ownership: PROPRIETARY	Survey Date: 09/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 252	Medicare Residents: 0	Medicaid Residents: 244			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		159	63.1	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		86	34.1	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		21	8.3	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	32.1	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	20.6	47.0	59.1
Residents on individually written bowel and bladder retraining program.		32	12.7	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	2.0	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		33	13.1	28.2	40.9
Residents requiring restraints.		7	2.8	19.6	30.9
Confused or disoriented residents.		252	100	47.7	55.4
Residents with bed sores.		3	1.2	4.8	4.8
Residents receiving special skin care.		67	26.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F170 F191* F196* F199 F293* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **COTILLION RIDGE NURSING CENTER**

Street Address: RT 3		City and State: ROBINSON, IL 62454	
Participation: MEDICAID ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 11/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 0	Medicaid Residents: 38			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	48.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		35	48.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		37	51.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	47.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	47.2	47.0	59.1
Residents on individually written bowel and bladder retraining program.		10	13.9	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	20.8	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		42	58.3	28.2	40.9
Residents requiring restraints.		20	27.8	19.6	30.9
Confused or disoriented residents.		40	55.6	47.7	55.4
Residents with bed sores.		3	4.2	4.8	4.8
Residents receiving special skin care.		20	27.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F117	F119	F126	F127*	F135	F191*
F227	F263	F294	F332*	F359			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CRAWFORD COUNTY CONVALESCENT CTR

Street Address: 902 W MEFFORD		City and State: ROBINSON, IL 62454	
Participation: MEDICAID ICF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 02/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
50	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		37	74.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		36	72.0	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	72.0	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	58.0	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		32	64.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		1	2.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	28.0	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		27	54.0	28.2	40.9
Residents requiring restraints.		5	10.0	19.6	30.9
Confused or disoriented residents.		22	44.0	47.7	55.4
Residents with bed sores.		4	8.0	4.8	4.8
Residents receiving special skin care.		34	68.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F283 F294 F313* F332* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ROCHELLE HEALTH CARE CTR EAST**

Street Address: CARON RD		City and State: ROCHELLE, IL 61068	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 05/25/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
69	0	40			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		40	58.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		50	72.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		45	65.2	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	78.3	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		51	73.9	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	34.8	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		18	26.1	28.2	40.9
Residents requiring restraints.		6	8.7	19.6	30.9
Confused or disoriented residents.		37	53.6	47.7	55.4
Residents with bed sores.		2	2.9	4.8	4.8
Residents receiving special skin care.		52	75.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **ROCHELLE HEALTHCARE CENTER WEST**

Street Address: 900 N 3RD ST		City and State: ROCHELLE, IL 61068	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 04/13/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
51	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	88.2	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		45	88.2	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		30	58.8	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	56.9	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		15	29.4	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	9.8	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		11	21.6	28.2	40.9
Residents requiring restraints.		13	25.5	19.6	30.9
Confused or disoriented residents.		35	68.6	47.7	55.4
Residents with bed sores.		3	5.9	4.8	4.8
Residents receiving special skin care.		46	90.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COLONIAL ACRES INC

Street Address: 1000 DIXON AVE		City and State: ROCK FALLS, IL 61071	
Participation: MEDICAID SNF/ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 06/07/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
52		0		39	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		36	69.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		36	69.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		36	69.2	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	92.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		36	69.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		3	5.8	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	25.0	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		12	23.1	46.7	52.3
Residents requiring restraints.		16	30.8	29.6	40.4
Confused or disoriented residents.		24	46.2	52.6	58.6
Residents with bed sores.		8	15.4	9.1	7.6
Residents receiving special skin care.		5	9.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
MET	NOT MET	34	6.4	981	9.5
NOT MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
NOT MET	MET	36	6.8	2140	20.8
MET	NOT MET	16	3.0	760	7.4
MET	MET	291	54.8	3729	36.3

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F132* F207 F313* F342 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WILLOW WOOD HEALTH CARE CENTER**

Street Address: 430 MARTIN RD		City and State: ROCK FALLS, IL 61071	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 07/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	73.3	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	26	57.8	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	17	37.8	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	42.2	47.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.6	20.3	30.4
Completely bedfast residents.	0	0.0	0.7	2.8
Residents confined to chairs.	16	35.6	28.2	40.9
Residents requiring restraints.	8	17.8	19.6	30.9
Confused or disoriented residents.	17	37.8	47.7	55.4
Residents with bed sores.	1	2.2	4.8	4.8
Residents receiving special skin care.	0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F099	F100	F101	F102	F128*	F168*
F169	F170	F173*	F180	F210	F241	F242*	F244
F246	F287	F293*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
LAURELWOOD HEALTH CARE CENTER**

Street Address: 2545 24TH ST		City and State: ROCK ISLAND, IL 61201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 177	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
145	5	120			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		118	81.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		117	80.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		90	62.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	61.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		91	62.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		2	1.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	9.7	33.7	39.1
Completely bedfast residents.		2	1.4	3.3	3.2
Residents confined to chairs.		88	60.7	46.7	52.3
Residents requiring restraints.		45	31.0	29.6	40.4
Confused or disoriented residents.		79	54.5	52.6	58.6
Residents with bed sores.		17	11.7	9.1	7.6
Residents receiving special skin care.		17	11.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F084	F085*	F102	F103	F105	F124	F126
F127*	F130	F132*	F134	F139	F142	F169	F170
F179	F180	F182	F195	F196*	F197	F199	F204
F205	F206	F207	F261	F264	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ROCK ISLAND COUNTY HEALTHCARE CENTER**

Street Address: 2122 25TH AVE		City and State: ROCK ISLAND, IL 61201	
Participation: MEDICAID SNF/ICF	# of Beds: 83	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
82		0		42	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		70	85.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		72	87.8	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		72	87.8	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	100	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		73	89.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		5	6.1	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	58.5	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		69	84.1	46.7	52.3
Residents requiring restraints.		33	40.2	29.6	40.4
Confused or disoriented residents.		51	62.2	52.6	58.6
Residents with bed sores.		13	15.9	9.1	7.6
Residents receiving special skin care.		5	6.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F101	F103	F105	F110	F119	F124	F126
F134	F139	F183	F189	F191*	F196*	F199	F206
F224	F230	F250	F252	F253	F276	F321	F332*
F346							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ST ANTHONYS CONTINUING CARE

Street Address: 767 30TH ST		City and State: ROCK ISLAND, IL 61201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 183	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 170	Medicare Residents: 9	Medicaid Residents: 62		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		145	85.3	73.8
Dressing				
Residents requiring some or total assistance in dressing.		135	79.4	77.5
Toileting				
Residents requiring some or total assistance in toileting.		135	79.4	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		155	91.2	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		134	78.8	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		80	47.1	33.7
Completely bedfast residents.		3	1.8	3.3
Residents confined to chairs.		73	42.9	46.7
Residents requiring restraints.		63	37.1	29.6
Confused or disoriented residents.		97	57.1	52.6
Residents with bed sores.		15	8.8	9.1
Residents receiving special skin care.		110	64.7	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F069	F101	F102	F114	F126	F130	F132*
F135	F180	F182	F191*	F196*	F199	F206	F224
F257	F261	F274	F332*	F333	F340*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ALMA NELSON MANOR INC**

Street Address: 550 S MULFORD RD		City and State: ROCKFORD, IL 61108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 08/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
151	31	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		109	72.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		117	77.5	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		114	75.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	75.5	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	57.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		46	30.5	33.7	39.1
Completely bedfast residents.		9	6.0	3.3	3.2
Residents confined to chairs.		73	48.3	46.7	52.3
Residents requiring restraints.		36	23.8	29.6	40.4
Confused or disoriented residents.		47	31.1	52.6	58.6
Residents with bed sores.		11	7.3	9.1	7.6
Residents receiving special skin care.		41	27.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F211

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ALPINE FIRESIDE HLTH CTR

Street Address: 3650 N ALPINE RD		City and State: ROCKFORD, IL 61111	
Participation: MEDICAID ICF	# of Beds: 127	Type of Ownership: PROPRIETARY	Survey Date: 09/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
40	0	24			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	95.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		29	72.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		25	62.5	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	62.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		14	35.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		32	80.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	30.0	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		12	30.0	28.2	40.9
Residents requiring restraints.		1	2.5	19.6	30.9
Confused or disoriented residents.		21	52.5	47.7	55.4
Residents with bed sores.		3	7.5	4.8	4.8
Residents receiving special skin care.		11	27.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F287 F298 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FAIRHAVEN CHRISTIAN HME

Street Address: 3470 N ALPINE RD		City and State: ROCKFORD, IL 61111	
Participation: MEDICAID ICF	# of Beds: 254	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 9			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	94.5	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		84	92.3	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		75	82.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	82.4	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	79.1	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	41.8	20.3	30.4
Completely bedfast residents.		2	2.2	0.7	2.8
Residents confined to chairs.		65	71.4	28.2	40.9
Residents requiring restraints.		5	5.5	19.6	30.9
Confused or disoriented residents.		49	53.8	47.7	55.4
Residents with bed sores.		11	12.1	4.8	4.8
Residents receiving special skin care.		56	61.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	4	1.6	352	6.7
MET	MET	20	8.0	683	12.9
MET	MET	6	2.4	345	6.5
MET	MET	49	19.6	1194	22.6
MET	MET	78	31.2	998	18.9
MET	MET	11	4.4	278	5.3
MET	MET	5	2.0	299	5.7
MET	MET	12	4.8	594	11.2
MET	MET	8	3.2	322	6.1
MET	MET	20	8.0	837	15.8
MET	MET	35	14.0	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	5	2.0	269	5.1
NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
FAIRVIEW PLAZA LIMITED PARTNERSHIP**

Street Address: 321 ARNOLD AVE		City and State: ROCKFORD, IL 61108	
Participation: MEDICAID SNF/ICF	# of Beds: 213	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/06/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
193		0		166	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		142	73.6	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		138	71.5	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		68	35.2	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	42.0	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		75	38.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.		3	1.6	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	14.0	33.7	39.1
Completely bedfast residents.		1	0.5	3.3	3.2
Residents confined to chairs.		33	17.1	46.7	52.3
Residents requiring restraints.		35	18.1	29.6	40.4
Confused or disoriented residents.		163	84.5	52.6	58.6
Residents with bed sores.		19	9.8	9.1	7.6
Residents receiving special skin care.		30	15.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	NOT MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 68/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
NOT MET	MET	51	9.6	2029	19.7
MET	NOT MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	NOT MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	NOT MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
NOT MET	MET	34	6.4	981	9.5
MET	NOT MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079*	F080*	F085*	F126	F127*	F128*	F130	F140
F167*	F168*	F169	F170	F179	F180	F181*	F182
F193	F194	F195	F196*	F197	F199	F204	F205
F206	F207	F208	F209	F210	F211	F230	F258
F275	F276	F277	F278	F279	F289	F297	F321
F322*	F332*	F342	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HOLT MANOR INC**

Street Address: 707 W RIVERSIDE		City and State: ROCKFORD, IL 61103	
Participation: MEDICAID ICF	# of Beds: 135	Type of Ownership: PROPRIETARY	Survey Date: 11/06/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 0	Medicaid Residents: 112			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		65	50.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		82	63.1	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		59	45.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	43.1	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	38.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	18.5	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		61	46.9	28.2	40.9
Residents requiring restraints.		24	18.5	19.6	30.9
Confused or disoriented residents.		34	26.2	47.7	55.4
Residents with bed sores.		11	8.5	4.8	4.8
Residents receiving special skin care.		21	16.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F099	F101	F102	F125*	F127*	F128*
F129*	F130	F131*	F132*	F139	F172	F173*	F174
F175	F176	F181*	F285	F287	F288	F313*	F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LOCUSTWOOD HEALTH CARE CTR

Street Address: 3520 SCHOOL ST		City and State: ROCKFORD, IL 61103	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 07/31/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
61		0		36	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	83.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		41	67.2	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	59.0	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	50.8	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	36.1	47.0	59.1
Residents on individually written bowel and bladder retraining program.		12	19.7	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	21.3	20.3	30.4
Completely bedfast residents.		1	1.6	0.7	2.8
Residents confined to chairs.		7	11.5	28.2	40.9
Residents requiring restraints.		7	11.5	19.6	30.9
Confused or disoriented residents.		27	44.3	47.7	55.4
Residents with bed sores.		5	8.2	4.8	4.8
Residents receiving special skin care.		10	16.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NCT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F069	F080*	F084	F085*	F094*	F099	F101
F102	F117	F125*	F126	F128*	F129*	F130	F131*
F134	F139	F144	F168*	F169	F170	F172	F173*
F174	F175	F176	F181*	F191*	F260	F261	F262
F263	F264						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE NORTH ROCKFORD CONV HOME

Street Address: 1920 N MAIN ST		City and State: ROCKFORD, IL 61103	
Participation: MEDICAID ICF	# of Beds: 97	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/31/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
88	0	16			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		64	72.7	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		64	72.7	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	64.8	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	67.0	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	54.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		47	53.4	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	25.0	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		29	33.0	28.2	40.9
Residents requiring restraints.		30	34.1	19.6	30.9
Confused or disoriented residents.		50	56.8	47.7	55.4
Residents with bed sores.		3	3.4	4.8	4.8
Residents receiving special skin care.		63	71.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F125*	F128*	F130	F131*	F242*	F243	F332*
F346							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **P A PETERSON HOME FOR THE AGED**

Street Address: 1311 PARKVIEW AVE		City and State: ROCKFORD, IL 61107	
Participation: MEDICAID ICF	# of Beds: 178	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
97	0		19	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	100	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	97	100	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	75	77.3	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	58.8	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	82.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.6	20.3	30.4
Completely bedfast residents.	1	1.0	0.7	2.8
Residents confined to chairs.	11	11.3	28.2	40.9
Residents requiring restraints.	11	11.3	19.6	30.9
Confused or disoriented residents.	68	70.1	47.7	55.4
Residents with bed sores.	5	5.2	4.8	4.8
Residents receiving special skin care.	11	11.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 86/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE PARK STRATHMOOR

Street Address: 5668 STRATHMOOR DR		City and State: ROCKFORD, IL 61107	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 189	Type of Ownership: PROPRIETARY	Survey Date: 04/06/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
154	27	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		137	89.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		86	55.8	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		109	70.8	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		96	62.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		106	68.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		13	8.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	27.3	33.7	39.1
Completely bedfast residents.		18	11.7	3.3	3.2
Residents confined to chairs.		67	43.5	46.7	52.3
Residents requiring restraints.		34	22.1	29.6	40.4
Confused or disoriented residents.		73	47.4	52.6	58.6
Residents with bed sores.		16	10.4	9.1	7.6
Residents receiving special skin care.		59	38.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F073* F075 F076 F207 F332* F342 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RIVER BLUFF NURSING HOME

Street Address: 4401 N MAIN ST		City and State: ROCKFORD, IL 61103	
Participation: MEDICAID SNF/ICF	# of Beds: 304	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 09/11/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 247		Medicare Residents: 0		Medicaid Residents: 227			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				241	97.6	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				217	87.9	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				199	80.6	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				192	77.7	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				189	76.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				98	39.7	33.7	39.1
Completely bedfast residents.				4	1.6	3.3	3.2
Residents confined to chairs.				148	59.9	46.7	52.3
Residents requiring restraints.				36	14.6	29.6	40.4
Confused or disoriented residents.				95	38.5	52.6	58.6
Residents with bed sores.				18	7.3	9.1	7.6
Residents receiving special skin care.				139	56.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F128*	F129*	F131*	F173*	F196*	F199	F205
F206	F294						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ROCKFORD HEALTHCARE CENTER

Street Address: 310 ARNOLD AVE		City and State: ROCKFORD, IL 61108	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 06/05/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 64			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		62	80.5	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		45	58.4	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		27	35.1	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	67.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	27.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	10.4	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		5	6.5	28.2	40.9
Residents requiring restraints.		1	1.3	19.6	30.9
Confused or disoriented residents.		25	32.5	47.7	55.4
Residents with bed sores.		2	2.6	4.8	4.8
Residents receiving special skin care.		18	23.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SINGER ZONE CENTER

Street Address: 4402 N MAIN ST PO BOX 62		City and State: ROCKFORD, IL 61105	
Participation: MEDICAID SNF/ICF	# of Beds: 82	Type of Ownership: STATE GOVERNMENT	Survey Date: 03/31/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
28	0	28			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		28	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		28	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		28	100	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		28	100	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	100	64.8	69.4
Residents on individually written bowel and bladder retraining program.		3	10.7	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	71.4	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		28	100	46.7	52.3
Residents requiring restraints.		28	100	29.6	40.4
Confused or disoriented residents.		28	100	52.6	58.6
Residents with bed sores.		0	0.0	9.1	7.6
Residents receiving special skin care.		10	35.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

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THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F210 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ST ANNE CENTER**

Street Address: 4405 HIGHCREST RD		City and State: ROCKFORD, IL 61107	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 4	Medicaid Residents: 23		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		75	63.6	73.8
Dressing				
Residents requiring some or total assistance in dressing.		92	78.0	77.5
Toileting				
Residents requiring some or total assistance in toileting.		67	56.8	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	51.7	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		54	45.8	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		49	41.5	33.7
Completely bedfast residents.		0	0.0	3.3
Residents confined to chairs.		23	19.5	46.7
Residents requiring restraints.		39	33.1	29.6
Confused or disoriented residents.		61	51.7	52.6
Residents with bed sores.		29	24.6	9.1
Residents receiving special skin care.		44	37.3	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical constraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F073*	F084	F085*	F139	F179	F180	F181*
F182	F196*	F197	F198	F210	F294	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WILLOWS HEALTH CENTER

Street Address: 4141 N ROCKTON AVE		City and State: ROCKFORD, IL 61103	
Participation: MEDICAID SNF/ICF	# of Beds: 293	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 9			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	86.5	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		77	86.5	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		69	77.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	68.5	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	79.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		2	2.2	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	21.3	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		26	29.2	46.7	52.3
Residents requiring restraints.		21	23.6	29.6	40.4
Confused or disoriented residents.		46	51.7	52.6	58.6
Residents with bed sores.		5	5.6	9.1	7.6
Residents receiving special skin care.		34	38.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F179	F180	F181*	F182	F218*	F261	F294	F315
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE YORKDALE HEALTH CENTER INC

Street Address: 2313 N ROCKTON AVE		City and State: ROCKFORD, IL 61107	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 11/04/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	Medicare Residents: 4	Medicaid Residents: 87			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	66.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		104	72.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		86	60.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	60.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	49.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	25.9	33.7	39.1
Completely bedfast residents.		4	2.8	3.3	3.2
Residents confined to chairs.		42	29.4	46.7	52.3
Residents requiring restraints.		36	25.2	29.6	40.4
Confused or disoriented residents.		53	37.1	52.6	58.6
Residents with bed sores.		11	7.7	9.1	7.6
Residents receiving special skin care.		22	15.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F101	F127*	F128*	F129*	F140	F142	F171
F173*	F175	F180	F206	F207	F263	F294	F313*
F321	F322*	F358					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER**

Street Address: 4225 KIRCHOFF RD		City and State: ROLLING MEADOWS, IL 60008	
Participation: MEDICARE SNF	# of Beds: 155	Type of Ownership: PROPRIETARY	Survey Date: 03/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
114	18	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		106	93.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		104	91.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		99	86.8	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	78.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		84	73.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		5	4.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		82	71.9	33.7	39.1
Completely bedfast residents.		4	3.5	3.3	3.2
Residents confined to chairs.		65	57.0	46.7	52.3
Residents requiring restraints.		66	57.9	29.6	40.4
Confused or disoriented residents.		62	54.4	52.6	58.6
Residents with bed sores.		11	9.6	9.1	7.6
Residents receiving special skin care.		32	28.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F126 F191* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ABBINGTON HOUSE**

Street Address: 31 W CENTRAL AVE		City and State: ROSELLE, IL 60172	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 10/18/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 57			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		28	36.4	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		30	39.0	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		8	10.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		9	11.7	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		27	35.1	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	9.1	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		5	6.5	28.2	40.9
Residents requiring restraints.		0	0.0	19.6	30.9
Confused or disoriented residents.		15	19.5	47.7	55.4
Residents with bed sores.		5	6.5	4.8	4.8
Residents receiving special skin care.		30	39.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	2.4	345	5.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F256 F259 F260 F287

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LAMOINE CRISTIAN NURSING HOME**

Street Address: 145 S CHAMBERLAIN BOX 347		City and State: ROSEVILLE, IL 61473	
Participation: MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
94	0		33	
	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	100	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	70	74.5	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	66	70.2	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	61.7	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	64.8	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.4	33.7	39.1
Completely bedfast residents.	1	1.1	3.3	3.2
Residents confined to chairs.	42	44.7	46.7	52.3
Residents requiring restraints.	39	41.5	29.6	40.4
Confused or disoriented residents.	45	47.9	52.6	58.6
Residents with bed sores.	5	5.3	9.1	7.6
Residents receiving special skin care.	15	16.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at this time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F102	F110	F132*	F180	F196*	F199	F330
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **FAIRVIEW HOUSE NURSING HOME**

Street Address: FAIRVIEW RD BOX 137		City and State: ROSICLARE, IL 62982	
Participation: MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52		Medicare Residents: 0		Medicaid Residents: 38			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				40	76.9	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				42	80.8	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				42	80.8	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				42	80.8	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				40	76.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.				9	17.3	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				17	32.7	33.7	39.1
Completely bedfast residents.				10	19.2	3.3	3.2
Residents confined to chairs.				23	44.2	46.7	52.3
Residents requiring restraints.				10	19.2	29.6	40.4
Confused or disoriented residents.				40	76.9	52.6	58.6
Residents with bed sores.				6	11.5	9.1	7.6
Residents receiving special skin care.				15	28.8	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1044	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F196* F197 F199 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HILLCREST RET VILLAGE

Street Address: 1740 N CIRCUIT DR		City and State: ROUND LAKE BEACH, IL 60073	
Participation: MEDICAID ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 08/10/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
85	0	58			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	52.9	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		17	20.0	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		14	16.5	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		11	12.9	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		13	15.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.		13	15.3	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	8.2	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		4	4.7	28.2	40.9
Residents requiring restraints.		6	7.1	19.6	30.9
Confused or disoriented residents.		48	56.5	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		15	17.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F199 F313* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SNYDERS VAUGHN HAVEN**

Street Address: 135 S MORGAN		City and State: RUSHVILLE, IL 62681	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 03/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
81	4	49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	71.6	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		73	90.1	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		57	70.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	71.6	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	74.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	45.7	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		59	72.8	46.7	52.3
Residents requiring restraints.		38	46.9	29.6	40.4
Confused or disoriented residents.		49	60.5	52.6	58.6
Residents with bed sores.		13	16.0	9.1	7.6
Residents receiving special skin care.		24	29.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F132* F288 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PINE VIEW CARE CENTER

Street Address: 611 ALLEN LANE		City and State: SAINT CHARLES, IL 60174	
Participation: MEDICARE SNF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 14	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	89.4	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	76	89.4	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	75	88.2	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	89.4	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	89.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.	37	43.5	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	62.4	33.7	39.1
Completely bedfast residents.	3	3.5	3.3	3.2
Residents confined to chairs.	22	25.9	46.7	52.3
Residents requiring restraints.	23	27.1	29.6	40.4
Confused or disoriented residents.	60	70.6	52.6	58.6
Residents with bed sores.	14	16.5	9.1	7.6
Residents receiving special skin care.	14	16.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F119

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HERITAGE HOME CARE CENTER

Street Address: RT 40 EAST CUMBERLAND		City and State: SAINT ELMO, IL 62458	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 04/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 28			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		32	74.4	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		38	88.4	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		43	100	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		43	100	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	100	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	76.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		17	39.5	28.2	40.9
Residents requiring restraints.		17	39.5	19.6	30.9
Confused or disoriented residents.		37	86.0	47.7	55.4
Residents with bed sores.		5	11.6	4.8	4.8
Residents receiving special skin care.		43	100	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	3	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F100	F101	F199	F242*	F244	F283	F296
F314	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DOCTORS NURSING HOME

Street Address: 1201 HAWTHORNE RD		City and State: SALEM, IL 62881	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 02/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 2	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

81 69.2 73.8 82.0

Dressing

Residents requiring some or total assistance in dressing.

100 85.5 77.5 84.0

Toileting

Residents requiring some or total assistance in toileting.

90 76.9 69.0 75.0

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

97 82.9 70.6 76.9

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

90 76.9 64.8 69.4

Residents on individually written bowel and bladder retraining program.

1 0.9 5.0 4.0

Eating

Residents receiving tube feedings or requiring assistance with eating.

37 31.6 33.7 39.1

Completely bedfast residents.

1 0.9 3.3 3.2

Residents confined to chairs.

81 69.2 46.7 52.3

Residents requiring restraints.

58 49.6 29.6 40.4

Confused or disoriented residents.

58 49.6 52.6 58.6

Residents with bed sores.

13 11.1 9.1 7.6

Residents receiving special skin care.

21 17.9 34.5 31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F133* F170 F294 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TWIN WILLOWS NURSING CENTER

Street Address: RT 37 N		City and State: SALEM, IL 62881	
Participation: MEDICAID ICF	# of Beds: 76	Type of Ownership: PROPRIETARY	Survey Date: 01/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 59			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		44	62.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		46	64.8	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		44	62.0	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	59.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	43.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		1	1.4	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	19.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		24	33.8	28.2	40.9
Residents requiring restraints.		7	9.9	19.6	30.9
Confused or disoriented residents.		10	14.1	47.7	55.4
Residents with bed sores.		3	4.2	4.8	4.8
Residents receiving special skin care.		27	38.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F294 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DOGWOOD HEALTH CARE CTR

Street Address: 902 E ARNOLD RD		City and State: SANDWICH, IL 60548	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 07/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
56	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		21	37.5	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		35	62.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		31	55.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	44.6	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	62.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	21.4	20.3	30.4
Completely bedfast residents.		1	1.8	0.7	2.8
Residents confined to chairs.		6	10.7	28.2	40.9
Residents requiring restraints.		8	14.3	19.6	30.9
Confused or disoriented residents.		22	39.3	47.7	55.4
Residents with bed sores.		1	1.8	4.8	4.8
Residents receiving special skin care.		9	16.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F129* F131* F172 F173* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SANDHAVEN CONVALESCENT CENTER**

Street Address: 515 N MAIN ST		City and State: SANDWICH, IL 60548	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 10/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 13	Medicaid Residents: 74		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		95	89.6	73.8
Dressing				
Residents requiring some or total assistance in dressing.		90	84.9	77.5
Toileting				
Residents requiring some or total assistance in toileting.		76	71.7	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	66.0	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		56	52.8	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		26	24.5	33.7
Completely bedfast residents.		1	0.9	3.3
Residents confined to chairs.		72	67.9	46.7
Residents requiring restraints.		19	17.9	29.6
Confused or disoriented residents.		49	46.2	52.6
Residents with bed sores.		16	15.1	9.1
Residents receiving special skin care.		0	0.0	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	9	~1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F085*	F098	F099	F100	F101	F102
F105	F123*	F124	F125*	F126	F127*	F128*	F129*
F130	F131*	F132*	F133*	F134	F137	F139	F140
F143	F167*	F168*	F169	F170	F171	F172	F173*
F174	F175	F178	F179	F180	F181*	F182	F189
F190	F191*	F205	F207	F214	F215	F216	F217
F218*	F219	F220	F222	F223	F224	F289	F293*
F315	F322*	F335	F338	F339	F340*	F341	F342
F346							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE BIG MEADOWS INC

Street Address: 1000 LONGMOOR AVE		City and State: SAVANNA, IL 61074	
Participation: MEDICAID ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 03/09/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
109	0	80			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		104	95.4	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		77	70.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		82	75.2	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	64.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		82	75.2	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	16.5	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		33	30.3	28.2	40.9
Residents requiring restraints.		44	40.4	19.6	30.9
Confused or disoriented residents.		48	44.0	47.7	55.4
Residents with bed sores.		6	5.5	4.8	4.8
Residents receiving special skin care.		64	58.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F101	F102	F125*	F127*	F128*	F129*	F130
F132*	F172	F173*	F174	F175	F176	F178	F196*
F242*	F243	F298					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CARLE ARBOURS**

Street Address: 302 W BURWASH		City and State: SAVOY, IL 61874	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/26/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
157	11	83			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		116	73.9	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		127	80.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		110	70.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		98	62.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		102	65.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	31.2	33.7	39.1
Completely bedfast residents.		6	3.8	3.3	3.2
Residents confined to chairs.		80	51.0	46.7	52.3
Residents requiring restraints.		51	32.5	29.6	40.4
Confused or disoriented residents.		89	56.7	52.6	58.6
Residents with bed sores.		43	27.4	9.1	7.6
Residents receiving special skin care.		57	36.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F081 F224 F250 F263 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FRIENDSHIP VILLAGE

Street Address: 350 W SCHAUMBURG RD		City and State: SCHAUMBURG, IL 60194	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/08/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 6	Medicaid Residents: 7			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		102	57.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		136	76.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		148	83.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		130	73.0	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		100	56.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	29.8	33.7	39.1
Completely bedfast residents.		2	1.1	3.3	3.2
Residents confined to chairs.		138	77.5	46.7	52.3
Residents requiring restraints.		98	55.1	29.6	40.4
Confused or disoriented residents.		98	55.1	52.6	58.6
Residents with bed sores.		3	1.7	9.1	7.6
Residents receiving special skin care.		54	30.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	-1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 98/99			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F330 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **REDWOOD MANOR**

Street Address: 802 W FRANKLIN BOX 587		City and State: SESSER, IL 62884	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 08/11/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
42	0	35			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		19	45.2	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		17	40.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		15	35.7	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		16	38.1	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	40.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	38.1	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		5	11.9	28.2	40.9
Residents requiring restraints.		9	21.4	19.6	30.9
Confused or disoriented residents.		25	59.5	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		15	35.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F126	F127*	F131*	F132*	F136
F168*	F170	F176	F182	F194	F196*	F199	F261
F263	F283	F287	F293*	F294	F296	F312	F313*
F317	F332*	F359					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SHABBONA NURSING HOME**

Street Address: W COMANCHE RD RT 30		City and State: SHABBONA, IL 60550	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 91	Type of Ownership: PROPRIETARY	Survey Date: 01/11/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 2	Medicaid Residents: 45			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		37	48.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		50	64.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		31	40.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	81.8	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	61.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	16.9	33.7	39.1
Completely bedfast residents.		1	1.3	3.3	3.2
Residents confined to chairs.		13	16.9	46.7	52.3
Residents requiring restraints.		23	29.9	29.6	40.4
Confused or disoriented residents.		28	36.4	52.6	58.6
Residents with bed sores.		5	6.5	9.1	7.6
Residents receiving special skin care.		20	26.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F073* F075

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VILLAS OF SHANNON

Street Address: 418 S RIDGE ST		City and State: SHANNON, IL 61078	
Participation: MEDICAID ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 01/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
69	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	65.2	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		55	79.7	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		47	68.1	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	87.0	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	71.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	49.3	20.3	30.4
Completely bedfast residents.		4	5.8	0.7	2.8
Residents confined to chairs.		30	43.5	28.2	40.9
Residents requiring restraints.		12	17.4	19.6	30.9
Confused or disoriented residents.		45	65.2	47.7	55.4
Residents with bed sores.		5	7.2	4.8	4.8
Residents receiving special skin care.		11	15.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170	F194	F196*	F199	F209	F210	F313*	F328
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LORETTA NSG HM**

Street Address: LOGAN AND LINCOLN STS PO BOX 429		City and State: SHAWNEETOWN, IL 62984	
Participation: MEDICAID SNF/ICF	# of Beds: 107	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96		Medicare Residents: 0		Medicaid Residents: 69			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				58	60.4	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				80	83.3	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				62	64.6	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				77	80.2	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				65	67.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				51	53.1	33.7	39.1
Completely bedfast residents.				0	0.0	3.3	3.2
Residents confined to chairs.				47	49.0	46.7	52.3
Residents requiring restraints.				36	37.5	29.6	40.4
Confused or disoriented residents.				83	86.5	52.6	58.6
Residents with bed sores.				4	4.2	9.1	7.6
Residents receiving special skin care.				28	29.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F105	F127*	F128*	F130	F134	F175	F283
F332*	F347	F349					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **OLIVEWOOD HEALTH CARE CENTER**

Street Address: 2116 W SOUTH 3RD & DARCEY DRIVE		City and State: SHELBYVILLE, IL 62565	
Participation: MEDICAID ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 08/09/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 52			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		70	100	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		27	38.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		26	37.1	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	35.7	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	31.4	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	12.9	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		14	20.0	28.2	40.9
Residents requiring restraints.		15	21.4	19.6	30.9
Confused or disoriented residents.		20	28.6	47.7	55.4
Residents with bed sores.		1	1.4	4.8	4.8
Residents receiving special skin care.		0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F102	F134	F176	F181*	F250	F263	F282
F283	F293*	F297					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SHELBY MEMORIAL HOME

Street Address: RT 128 N		City and State: SHELBYVILLE, IL 62565	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/20/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80		Medicare Residents: 5		Medicaid Residents: 45			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				61	76.2	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				67	83.7	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				58	72.5	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				69	86.2	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				57	71.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				43	53.7	33.7	39.1
Completely bedfast residents.				0	0.0	3.3	3.2
Residents confined to chairs.				31	38.7	46.7	52.3
Residents requiring restraints.				40	50.0	29.6	40.4
Confused or disoriented residents.				43	53.7	52.6	58.6
Residents with bed sores.				3	3.7	9.1	7.6
Residents receiving special skin care.				7	8.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F102	F126	F130	F131*	F132*	F133*
F169	F170	F173*	F174	F176	F224	F273	F283
F322*	F323						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SHELBY MEMORIAL HOSPITAL NURSING HOME**

Street Address: S FIRST AND CEDAR		City and State: SHELBYVILLE, IL 62565	
Participation: MEDICARE SNF	# of Beds: 19	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19		Medicare Residents: 0		Medicaid Residents: 0			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				10	52.6	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				15	78.9	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				14	73.7	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				19	100	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				10	52.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.				2	10.5	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				7	36.8	33.7	39.1
Completely bedfast residents.				0	0.0	3.3	3.2
Residents confined to chairs.				8	42.1	46.7	52.3
Residents requiring restraints.				3	15.8	29.6	40.4
Confused or disoriented residents.				5	26.3	52.6	58.6
Residents with bed sores.				1	5.3	9.1	7.6
Residents receiving special skin care.				9	47.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F117	F119	F126	F130	F135	F256	F274
F283	F323						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SHELDON HEALTHCARE INC

Street Address: 170 W CONCORD		City and State: SHELDON, IL 60966	
Participation: MEDICAID ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 07/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
28	0		11	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	92.9	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	23	82.1	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	15	53.6	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	42.9	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	39.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.	1	3.6	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	10.7	20.3	30.4
Completely bedfast residents.	0	0.0	0.7	2.8
Residents confined to chairs.	12	42.9	28.2	40.9
Residents requiring restraints.	6	21.4	19.6	30.9
Confused or disoriented residents.	6	21.4	47.7	55.4
Residents with bed sores.	1	3.6	4.8	4.8
Residents receiving special skin care.	3	10.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F105 F196* F278 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
ASPENWOOD HEALTH CARE CENTER**

Street Address: 1403 9TH AVE		City and State: SILVIS, IL 61282	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 09/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
59	0	15			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	76.3	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		41	69.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		32	54.2	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	54.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	40.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	25.4	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		9	15.3	28.2	40.9
Residents requiring restraints.		14	23.7	19.6	30.9
Confused or disoriented residents.		32	54.2	47.7	55.4
Residents with bed sores.		1	1.7	4.8	4.8
Residents receiving special skin care.		10	16.9	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F105	F125*	F126	F127*	F128*	F129*
F130	F131*	F133*	F172	F173*	F174	F175	F176
F190	F191*	F217	F218*	F258	F264	F288	F298
F313*	F332*	F345*					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LIEBERMAN GERIATRIC HEALTH CENTER**

Street Address: 9700 GROSS POINT RD		City and State: SKOKIE, IL 60076	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 232	Medicare Residents: 0	Medicaid Residents: 142		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	211	90.9	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	193	83.2	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	158	68.1	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	62.5	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	164	70.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	33.6	33.7	39.1
Completely bedfast residents.	0	0.0	3.3	3.2
Residents confined to chairs.	56	24.1	46.7	52.3
Residents requiring restraints.	134	57.8	29.6	40.4
Confused or disoriented residents.	150	64.7	52.6	58.6
Residents with bed sores.	11	4.7	9.1	7.6
Residents receiving special skin care.	96	41.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F135 F186 F191* F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SKOKIE MEADOWS NURSING CENTER I**

Street Address: 9615 N KNOX AVE		City and State: SKOKIE, IL 60076	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 113	Type of Ownership: PROPRIETARY	Survey Date: 11/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 9	Medicaid Residents: 77			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	56.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		101	90.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		73	65.2	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	76.8	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	66.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		5	4.5	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	42.9	33.7	39.1
Completely bedfast residents.		14	12.5	3.3	3.2
Residents confined to chairs.		65	58.0	46.7	52.3
Residents requiring restraints.		66	58.9	29.6	40.4
Confused or disoriented residents.		57	50.9	52.6	58.6
Residents with bed sores.		22	19.6	9.1	7.6
Residents receiving special skin care.		70	62.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F103	F105	F124	F126	F127*	F130	F132*
F133*	F135	F170	F173*	F175	F195	F196*	F199
F207	F264	F293*	F313*	F332*	F336		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SKOKIE MEADOWS 2

Street Address: 4600 GOLF RD		City and State: SKOKIE, IL 60076	
Participation: MEDICAID ICF	# of Beds: 111	Type of Ownership: PROPRIETARY	Survey Date: 11/23/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
110	0	49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	5	4.5	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	30	27.3	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	5	4.5	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	5.5	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	9	8.2	47.0	59.1	
	0	0.0	6.5	5.0	
Residents on individually written bowel and bladder retraining program.					
Eating					
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	20.3	30.4	
	0	0.0	0.7	2.8	
Completely bedfast residents.					
Residents confined to chairs.	4	3.6	28.2	40.9	
	5	4.5	19.6	30.9	
Residents requiring restraints.					
Confused or disoriented residents.	75	68.2	47.7	55.4	
	1	0.9	4.8	4.8	
Residents with bed sores.					
Residents receiving special skin care.	2	1.8	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **VILLAGE NURSING HOME INC**

Street Address: 9000 N LAVERGNE AVE		City and State: SKOKIE, IL 60077	
Participation: MEDICAID SNF/ICF	# of Beds: 149	Type of Ownership: PROPRIETARY	Survey Date: 04/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
140		0		103			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				103	73.6	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				104	74.3	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				84	60.0	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				77	55.0	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				85	60.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.				5	3.6	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				44	31.4	33.7	39.1
Completely bedfast residents.				7	5.0	3.3	3.2
Residents confined to chairs.				65	46.4	46.7	52.3
Residents requiring restraints.				46	32.9	29.6	40.4
Confused or disoriented residents.				73	52.1	52.6	58.6
Residents with bed sores.				13	9.3	9.1	7.6
Residents receiving special skin care.				43	30.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F336

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARK HAVEN CARE CENTER

Street Address: 107 S LINCOLN		City and State: SMITHTON, IL 62285	
Participation: MEDICAID ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 08/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 80			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		27	29.3	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		33	35.9	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		26	28.3	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		27	29.3	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		20	21.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	8.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		20	21.7	28.2	40.9
Residents requiring restraints.		14	15.2	19.6	30.9
Confused or disoriented residents.		24	26.1	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		4	4.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075 F132* F283 F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WOODSIDE MANOR

Street Address: 120 W 26TH		City and State: SOUTH CHICAGO HEIGHTS, IL 60411	
Participation: MEDICAID SNF/ICF	# of Beds: 112	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/11/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
103		0		90			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				85	82.5	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				83	80.6	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				75	72.8	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				73	70.9	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				69	67.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.				37	35.9	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				53	51.5	33.7	39.1
Completely bedfast residents.				0	0.0	3.3	3.2
Residents confined to chairs.				72	69.9	46.7	52.3
Residents requiring restraints.				33	32.0	29.6	40.4
Confused or disoriented residents.				48	46.6	52.6	58.6
Residents with bed sores.				7	6.8	9.1	7.6
Residents receiving special skin care.				29	28.2	34.5	31.4

SOUTH CHICAGO HEIGHTS, IL

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

**NURSING HOME PROFILE
ALDERWOOD HEALTH CARE CENTER**

Street Address: 746 SPRING ST		City and State: SOUTH ELGIN, IL 60177	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	0	56			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		83	100	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		54	65.1	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		47	56.6	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	75.9	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	56.6	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	24.1	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		22	26.5	28.2	40.9
Residents requiring restraints.		14	16.9	19.6	30.9
Confused or disoriented residents.		34	41.0	47.7	55.4
Residents with bed sores.		3	3.6	4.8	4.8
Residents receiving special skin care.		3	3.6	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F170 F196* F283 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **FOX VALLEY NURSING CENTER**

Street Address: 759 KANE ST		City and State: SOUTH ELGIN, IL 60177	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 206	Type of Ownership: PROPRIETARY	Survey Date: 07/20/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	Medicare Residents: 24	Medicaid Residents: 145			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		158	79.8	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		161	81.3	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		132	66.7	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		157	79.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		156	78.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		110	55.6	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		111	56.1	46.7	52.3
Residents requiring restraints.		58	29.3	29.6	40.4
Confused or disoriented residents.		120	60.6	52.6	58.6
Residents with bed sores.		62	31.3	9.1	7.6
Residents receiving special skin care.		185	93.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	NOT MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	NOT MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
NOT MET	MET	34	6.4	981	9.5
NOT MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	NOT MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F129*	F130	F132*	F134	F169	F170
F179	F180	F181*	F182	F193	F194	F195	F196*
F197	F199	F204	F205	F206	F207	F208	F209
F210	F211	F212	F213	F227	F294	F332*	F338
F339	F340*	F342	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER S HOLLAND

Street Address: 2145 E 170TH ST		City and State: SOUTH HOLLAND, IL 60473	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/22/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 15	Medicaid Residents: 1			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	74.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		58	74.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		57	73.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		47	60.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	73.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	26.9	33.7	39.1
Completely bedfast residents.		4	5.1	3.3	3.2
Residents confined to chairs.		46	59.0	46.7	52.3
Residents requiring restraints.		7	9.0	29.6	40.4
Confused or disoriented residents.		51	65.4	52.6	58.6
Residents with bed sores.		10	12.8	9.1	7.6
Residents receiving special skin care.		52	66.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	9.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WINDMILL NURSING PAVILION

Street Address: 16000 S WABASH AVE		City and State: SOUTH HOLLAND, IL 60473	
Participation: MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/08/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	Medicare Residents: 0	Medicaid Residents: 98			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	47.8	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		87	63.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		68	49.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		99	71.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	61.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		10	7.2	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	39.9	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		63	45.7	46.7	52.3
Residents requiring restraints.		45	32.6	29.6	40.4
Confused or disoriented residents.		116	84.1	52.6	58.6
Residents with bed sores.		8	5.8	9.1	7.6
Residents receiving special skin care.		32	23.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F129*	F180	F195	F196*	F293*	F322*	F331
F332*	F333	F347	F348	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RANDOLPH COUNTY NURSING HOME

Street Address: 310 W BELMONT ST		City and State: SPARTA, IL 62286	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/27/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
128	0	64			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	57.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		93	72.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		100	78.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	66.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		78	60.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		41	32.0	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		25	19.5	46.7	52.3
Residents requiring restraints.		53	41.4	29.6	40.4
Confused or disoriented residents.		49	38.3	52.6	58.6
Residents with bed sores.		11	8.6	9.1	7.6
Residents receiving special skin care.		25	19.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F076	F173*	F175	F180	F196*	F197	F199
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SENIOR MANOR NURSING CTR INC**

Street Address: 223 E 4TH ST		City and State: SPARTA, IL 62286	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 06/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	48	84.2	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	73.7	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	71.9	47.0	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	40.4	20.3	30.4
Completely bedfast residents.	0	0.0	0.7	2.8
Residents confined to chairs.	30	52.6	28.2	40.9
Residents requiring restraints.	26	45.6	19.6	30.9
Confused or disoriented residents.	35	61.4	47.7	55.4
Residents with bed sores.	3	5.3	4.8	4.8
Residents receiving special skin care.	36	63.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F282 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SPRING VALLEY NURSING CENTER

Street Address: 1300 N GREENWOOD		City and State: SPRING VALLEY, IL 61362	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 01/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 51			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	80.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		74	81.3	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		74	81.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	82.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		75	82.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.		13	14.3	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		39	42.9	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		35	38.5	46.7	52.3
Residents requiring restraints.		56	61.5	29.6	40.4
Confused or disoriented residents.		65	71.4	52.6	58.6
Residents with bed sores.		10	11.0	9.1	7.6
Residents receiving special skin care.		25	27.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F077	F102	F126	F127*	F128*	F129*	F130	F167*
F169	F170	F173*	F174	F175	F176	F177	F178
F217	F260	F261	F294	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
ST MARGARETS HOSPITAL SKILLED NUR

Street Address: 600 E FIRST ST		City and State: SPRING VALLEY, IL 61362	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 25	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
23	18	0		
		FACILITY	STATE	NATION
		#	%	%
		%	%	%
Bathing				
Residents requiring some or total assistance in bathing.		23	100	73.8
Dressing				
Residents requiring some or total assistance in dressing.		21	91.3	77.5
Toileting				
Residents requiring some or total assistance in toileting.		21	91.3	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		21	91.3	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		15	65.2	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating		7	30.4	33.7
Completely bedfast residents.		7	30.4	3.3
Residents confined to chairs.		17	73.9	46.7
Residents requiring restraints.		4	17.4	29.6
Confused or disoriented residents.		11	47.8	52.6
Residents with bed sores.		2	8.7	9.1
Residents receiving special skin care.		1	4.3	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F058 F080* F102 F130 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CLARKSTON COURT

Street Address: 2301 WEST MONROE		City and State: SPRINGFIELD, IL 62704	
Participation: MEDICAID ICF	# of Beds: 194	Type of Ownership: PROPRIETARY	Survey Date: 08/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	0	39			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	76.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		46	59.7	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		38	49.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		41	53.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		32	41.6	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	11.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		16	20.8	28.2	40.9
Residents requiring restraints.		5	6.5	19.6	30.9
Confused or disoriented residents.		31	40.3	47.7	55.4
Residents with bed sores.		2	2.6	4.8	4.8
Residents receiving special skin care.		8	10.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	NOT MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F134	F169	F170	F180	F181*	F196*	F199
F250	F263	F283	F295				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **DIRSKEN HOUSE HEALTHCARE**

Street Address: 555 W CARPENTER ST		City and State: SPRINGFIELD, IL 62791	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 259	Type of Ownership: PROPRIETARY	Survey Date: 11/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 216	Medicare Residents: 15	Medicaid Residents: 134			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		142	65.7	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		190	88.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		176	81.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	52.8	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		130	60.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	24.1	33.7	39.1
Completely bedfast residents.		1	0.5	3.3	3.2
Residents confined to chairs.		78	36.1	46.7	52.3
Residents requiring restraints.		5	2.3	29.6	40.4
Confused or disoriented residents.		107	49.5	52.6	58.6
Residents with bed sores.		20	9.3	9.1	7.6
Residents receiving special skin care.		54	25.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F127* F322* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HAVEN RETIREMENT CENTER

Street Address: 2301 W MONROE		City and State: SPRINGFIELD, IL 62704	
Participation: MEDICAID SNF/ICF	# of Beds: 194	Type of Ownership: PROPRIETARY	Survey Date: 07/21/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 98			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		61	51.7	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		52	44.1	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		43	36.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	33.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	36.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		118	100	33.7	39.1
Completely bedfast residents.		38	32.2	3.3	3.2
Residents confined to chairs.		80	67.8	46.7	52.3
Residents requiring restraints.		102	86.4	29.6	40.4
Confused or disoriented residents.		0	0.0	52.6	58.6
Residents with bed sores.		9	7.6	9.1	7.6
Residents receiving special skin care.		20	16.9	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F075	F076	F112*	F114	F115	F116	F118	F119
F123*	F125*	F127*	F173*	F174	F175	F176	F181*
F182	F242*	F243	F244	F249	F263	F282	F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HERITAGE MANOR NURSING AND CONV HOME**

Street Address: 900 N RUTLEDGE		City and State: SPRINGFIELD, IL 62702	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 156	Type of Ownership: PROPRIETARY	Survey Date: 04/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
137	16	69			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		117	85.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		115	83.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		87	63.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		115	83.9	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		97	70.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		8	5.8	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	36.5	33.7	39.1
Completely bedfast residents.		7	5.1	3.3	3.2
Residents confined to chairs.		30	21.9	46.7	52.3
Residents requiring restraints.		26	19.0	29.6	40.4
Confused or disoriented residents.		73	53.3	52.6	58.6
Residents with bed sores.		10	7.3	9.1	7.6
Residents receiving special skin care.		45	32.8	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F117	F120	F126	F191*	F196*	F250
F258	F262	F282					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ILLINOIS PRESBYTERIAN HOME

Street Address: 2005 W LAWRENCE ST		City and State: SPRINGFIELD, IL 62704	
Participation: MEDICAID ICF	# of Beds: 83	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
5	0	0			
	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	5	100	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	5	100	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	2	40.0	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	60.0	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	2	40.0	20.3	30.4	
Completely bedfast residents.	0	0.0	0.7	2.8	
Residents confined to chairs.	0	0.0	28.2	40.9	
Residents requiring restraints.	0	0.0	19.6	30.9	
Confused or disoriented residents.	3	60.0	47.7	55.4	
Residents with bed sores.	0	0.0	4.8	4.8	
Residents receiving special skin care.	2	40.0	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100 F102 F134 F196* F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LEWIS MEMORIAL CHRISTIAN VILLAGE**

Street Address: 3400 W WASHINGTON ST		City and State: SPRINGFIELD, IL 62702	
Participation: MEDICAID SNF/ICF	# of Beds: 155	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/02/89

Compliance Action:**COMPLIANCE ACTION?**

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
149		0		43			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				140	94.0	73.6	82.0
Dressing							
Residents requiring some or total assistance in dressing.				111	74.5	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				96	64.4	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				94	63.1	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				97	65.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.				5	3.4	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				50	33.6	33.7	39.1
Completely bedfast residents.				2	1.3	3.3	3.2
Residents confined to chairs.				11	7.4	46.7	52.3
Residents requiring restraints.				45	30.2	29.6	40.4
Confused or disoriented residents.				98	65.8	52.6	58.6
Residents with bed sores.				9	6.0	9.1	7.6
Residents receiving special skin care.				30	20.1	34.5	31.4

SPRINGFIELD, IL

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ROOSEVELT SQUARE NH

Street Address: 2120 W WASHINGTON		City and State: SPRINGFIELD, IL 62704	
Participation: MEDICAID ICF	# of Beds: 77	Type of Ownership: PROPRIETARY	Survey Date: 01/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 67			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		4	5.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		15	21.1	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		10	14.1	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		3	4.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		9	12.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		10	14.1	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	15.5	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		2	2.8	28.2	40.9
Residents requiring restraints.		2	2.8	19.6	30.9
Confused or disoriented residents.		21	29.6	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		3	4.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F084 F085* F126 F283 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SPRINGFIELD MANOR

Street Address: 2800 W LAWRENCE AVE		City and State: SPRINGFIELD, IL 62704	
Participation: MEDICAID ICF	# of Beds: 170	Type of Ownership: PROPRIETARY	Survey Date: 11/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	Medicare Residents: 0	Medicaid Residents: 123	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	53.8	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	132	83.5	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	112	70.9	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	82.3	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	64.6	47.0	59.1
Residents on individually written bowel and bladder retraining program.	23	14.6	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	13.3	20.3	30.4
Completely bedfast residents.	1	0.6	0.7	2.8
Residents confined to chairs.	75	47.5	28.2	40.9
Residents requiring restraints.	94	59.5	19.6	30.9
Confused or disoriented residents.	80	50.6	47.7	55.4
Residents with bed sores.	18	11.4	4.8	4.8
Residents receiving special skin care.	87	55.1	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F126	F132*	F199	F216	F217	F218*	F219
F220	F224	F242*	F244	F257	F264	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SPRINGFIELD TERRACE LTD

Street Address: 525 S MARTIN LUTHER KING DR		City and State: SPRINGFIELD, IL 62703	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 08/08/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
63	0	58			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	38	60.3	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	33	52.4	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	33	52.4	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	52.4	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	43	68.3	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	12	19.0	20.3	30.4	
Completely bedfast residents.	0	0.0	0.7	2.8	
Residents confined to chairs.	15	23.8	28.2	40.9	
Residents requiring restraints.	10	15.9	19.6	30.9	
Confused or disoriented residents.	15	23.8	47.7	55.4	
Residents with bed sores.	3	4.8	4.8	4.8	
Residents receiving special skin care.	10	15.9	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F125*	F126	F128*	F129*	F130	F132*
F170	F175	F196*	F199	F237*	F242*	F243	F244
F260	F283	F332*	F333	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ST JOHNS HOSPITAL NORTH

Street Address: 801 E CARPENTER		City and State: SPRINGFIELD, IL 62769	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 56	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	Medicare Residents: 18	Medicaid Residents: 1		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	27	100	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	27	100	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	100	64.8	69.4
Residents on individually written bowel and bladder retraining program.	5	18.5	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	25.9	33.7	39.1
Completely bedfast residents.	2	7.4	3.3	3.2
Residents confined to chairs.	12	44.4	46.7	52.3
Residents requiring restraints.	1	3.7	29.6	40.4
Confused or disoriented residents.	7	25.9	52.6	58.6
Residents with bed sores.	3	11.1	9.1	7.6
Residents receiving special skin care.	19	70.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F191* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COUNTRY CARE OF STAUNTON

Street Address: 215 W PENNSYLVANIA AVE		City and State: STAUNTON, IL 62088	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 02/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 4	Medicaid Residents: 54			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		79	81.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		78	80.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		73	75.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	73.2	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		97	100	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		65	67.0	33.7	39.1
Completely bedfast residents.		4	4.1	3.3	3.2
Residents confined to chairs.		75	77.3	46.7	52.3
Residents requiring restraints.		38	39.2	29.6	40.4
Confused or disoriented residents.		60	61.9	52.6	58.6
Residents with bed sores.		12	12.4	9.1	7.6
Residents receiving special skin care.		87	89.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F175 F196* F199 F322* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
COMMUNITY GENERAL HOSP MED CTR**

Street Address: 100 E LEFEVRE RD		City and State: STERLING, IL 61091	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 10	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
10	10	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		8	80.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		10	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		10	100	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		10	100	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		4	40.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		4	40.0	33.7	39.1
Completely bedfast residents.		3	30.0	3.3	3.2
Residents confined to chairs.		2	20.0	46.7	52.3
Residents requiring restraints.		0	0.0	29.6	40.4
Confused or disoriented residents.		2	20.0	52.6	58.6
Residents with bed sores.		1	10.0	9.1	7.6
Residents receiving special skin care.		5	50.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057 F059 F205 F294 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COVENTRY VILLAGE

Street Address: 612 W ST MARY'S ST		City and State: STERLING, IL 61081	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 05/17/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	Medicare Residents: 0	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		9	81.8	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		10	90.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		6	54.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		10	90.9	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		7	63.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		1	9.1	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		4	36.4	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		5	45.5	46.7	52.3
Residents requiring restraints.		4	36.4	29.6	40.4
Confused or disoriented residents.		4	36.4	52.6	58.6
Residents with bed sores.		1	9.1	9.1	7.6
Residents receiving special skin care.		2	18.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	NOT MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F079* F080* F102 F134 F294 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE EXCEPTIONAL CARE & TRAINING CTR

Street Address: 2601 WOODLAWN RD		City and State: STERLING, IL 61081	
Participation: MEDICAID SNF/ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 63			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		63	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		63	100	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	100	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		63	100	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	87.3	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		59	93.7	46.7	52.3
Residents requiring restraints.		63	100	29.6	40.4
Confused or disoriented residents.		63	100	52.6	58.6
Residents with bed sores.		0	0.0	9.1	7.6
Residents receiving special skin care.		0	0.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
MET	NOT MET	291	54.8	3729	36.3

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE STERLING CARE CENTER

Street Address: 105 E 23RD ST		City and State: STERLING, IL 61081	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 121	Type of Ownership: PROPRIETARY	Survey Date: 04/12/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112		Medicare Residents: 14		Medicaid Residents: 51			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				81	72.3	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				88	78.6	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				72	64.3	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				74	66.1	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				73	65.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.				34	30.4	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				39	34.8	33.7	39.1
Completely bedfast residents.				6	5.4	3.3	3.2
Residents confined to chairs.				45	40.2	46.7	52.3
Residents requiring restraints.				48	42.9	29.6	40.4
Confused or disoriented residents.				58	51.8	52.6	58.6
Residents with bed sores.				6	5.4	9.1	7.6
Residents receiving special skin care.				15	13.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE TAMMERLANE HEALTH CENTER

Street Address: 3601 16TH AVE		City and State: STERLING, IL 61081	
Participation: MEDICAID ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 05/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
66	0		59			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION		
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.			29	43.9	59.9	78.5
Dressing						
Residents requiring some or total assistance in dressing.			22	33.3	58.6	76.5
Toileting						
Residents requiring some or total assistance in toileting.			21	31.8	46.7	63.4
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.			19	28.8	52.4	67.1
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.			22	33.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.			0	0.0	6.5	5.0
Eating						
Residents receiving tube feedings or requiring assistance with eating.			8	12.1	20.3	30.4
Completely bedfast residents.			0	0.0	0.7	2.8
Residents confined to chairs.			19	28.8	28.2	40.9
Residents requiring restraints.			13	19.7	19.6	30.9
Confused or disoriented residents.			46	69.7	47.7	55.4
Residents with bed sores.			3	4.5	4.8	4.8
Residents receiving special skin care.			19	28.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F099	F100	F101	F102	F126	F128*	F129*
F131*	F132*	F168*	F169	F170	F172	F173*	F174
F175	F178	F260	F261	F313*	F332*	F346	F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PERSHING CONVALESCENT HOME

Street Address: 3900 S OAK PARK AVE		City and State: STICKNEY, IL 60402	
Participation: MEDICAID ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 12/14/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
38	0	9			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		20	52.6	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		33	86.8	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		28	73.7	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	65.8	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	60.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		3	7.9	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	21.1	20.3	30.4
Completely bedfast residents.		1	2.6	0.7	2.8
Residents confined to chairs.		15	39.5	28.2	40.9
Residents requiring restraints.		15	39.5	19.6	30.9
Confused or disoriented residents.		14	36.8	47.7	55.4
Residents with bed sores.		4	10.5	4.8	4.8
Residents receiving special skin care.		5	13.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F288

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MORGAN MEMORIAL HOME**

Street Address: 501 E FRONT AVE		City and State: STOCKTON, IL 61085	
Participation: MEDICAID ICF	# of Beds: 37	Type of Ownership: PROPRIETARY	Survey Date: 05/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
36	0	15			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	30	83.3	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	31	86.1	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	25	69.4	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	18	50.0	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	5	13.9	20.3	30.4	
Completely bedfast residents.	0	0.0	0.7	2.8	
Residents confined to chairs.	8	22.2	28.2	40.9	
Residents requiring restraints.	13	36.1	19.6	30.9	
Confused or disoriented residents.	11	30.6	47.7	55.4	
Residents with bed sores.	2	5.6	4.8	4.8	
Residents receiving special skin care.	8	22.2	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F101	F126	F170	F173*	F174	F186	F196*
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CAMELOT MANOR

Street Address: 516 W FRECH ST		City and State: STREATOR, IL 61364	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 03/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
95		0		85			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				75	78.9	59.9	78.5
Dressing							
Residents requiring some or total assistance in dressing.				72	75.8	58.6	76.5
Toileting							
Residents requiring some or total assistance in toileting.				59	62.1	46.7	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				72	75.8	52.4	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				58	61.1	47.0	59.1
Residents on individually written bowel and bladder retraining program.				46	48.4	6.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				10	10.5	20.3	30.4
Completely bedfast residents.				0	0.0	0.7	2.8
Residents confined to chairs.				58	61.1	28.2	40.9
Residents requiring restraints.				14	14.7	19.6	30.9
Confused or disoriented residents.				41	43.2	47.7	55.4
Residents with bed sores.				13	13.7	4.8	4.8
Residents receiving special skin care.				16	16.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F058	F061	F080*	F102	F104	F105	F117
F118	F126	F127*	F128*	F129*	F130	F139	F187
F250	F264	F297	F330	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HERITAGE MANOR STREATOR

Street Address: 1525 E MAIN ST		City and State: STREATOR, IL 61364	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 03/01/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 18	Medicaid Residents: 53			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	91.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		96	91.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		85	81.0	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	78.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	62.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.		6	5.7	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	28.6	33.7	39.1
Completely bedfast residents.		2	1.9	3.3	3.2
Residents confined to chairs.		41	39.0	46.7	52.3
Residents requiring restraints.		33	31.4	29.6	40.4
Confused or disoriented residents.		29	27.6	52.6	58.6
Residents with bed sores.		5	4.8	9.1	7.6
Residents receiving special skin care.		16	15.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F119	F120	F126	F127*	F130	F176	F177
F180	F182	F250	F256	F264	F322*	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ST MARYS HOS EXTENDED CARE FACILITY**

Street Address: 111 E SPRING		City and State: STREATOR, IL 61364	
Participation: MEDICARE SNF	# of Beds: 30	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
23	17	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		12	52.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		22	95.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		20	87.0	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		21	91.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		13	56.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	47.8	33.7	39.1
Completely bedfast residents.		2	8.7	3.3	3.2
Residents confined to chairs.		2	8.7	46.7	52.3
Residents requiring restraints.		3	13.0	29.6	40.4
Confused or disoriented residents.		4	17.4	52.6	58.6
Residents with bed sores.		4	17.4	9.1	7.6
Residents receiving special skin care.		4	17.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F116	F118	F119	F126	F127*	F129*	F176
F177	F178	F242*	F297				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HENDERSON CO RET CTR INC

Street Address: 604 OAKWOOD DRIVE		City and State: STRONGHURST, IL 61480	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
6		0		0	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		6	100	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		6	100	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		6	100	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		4	66.7	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		5	83.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.		2	33.3	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	16.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		1	16.7	28.2	40.9
Residents requiring restraints.		0	0.0	19.6	30.9
Confused or disoriented residents.		0	0.0	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SULLIVAN HEALTHCARE CENTER

Street Address: 11 HAWTHORNE LN		City and State: SULLIVAN, IL 61951	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/01/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
94	1	66			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		54	57.4	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		69	73.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		63	67.0	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	70.2	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		41	43.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	25.5	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		35	37.2	46.7	52.3
Residents requiring restraints.		45	47.9	29.6	40.4
Confused or disoriented residents.		45	47.9	52.6	58.6
Residents with bed sores.		13	13.8	9.1	7.6
Residents receiving special skin care.		55	58.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073*	F080*	F082	F083	F085*	F101	F102	F117
F119	F120	F123*	F124	F126	F127*	F128*	F129*
F130	F131*	F134	F135	F139	F171	F173*	F174
F175	F176	F183	F185	F186	F196*	F198	F199
F258	F263	F274	F282	F283	F323	F332*	F339
F340*	F342	F345*	F351	F353	F358	F359	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SULLIVAN LIVING CENTER**

Street Address: E VIEW PL		City and State: SULLIVAN, IL 61951	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 09/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
62		0		35	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		16	25.8	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		33	53.2	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		27	43.5	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	85.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		18	29.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	19.4	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		4	6.5	28.2	40.9
Residents requiring restraints.		4	6.5	19.6	30.9
Confused or disoriented residents.		36	58.1	47.7	55.4
Residents with bed sores.		1	1.6	4.8	4.8
Residents receiving special skin care.		27	43.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F117 F191* F199 F332* F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **PINE LAWN MANOR CARE CENTER**

Street Address: POPLAR AND MAPLE STS		City and State: SUMNER, IL 62466	
Participation: MEDICAID ICF	# of Beds: 106	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	45.5	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	20	45.5	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	13	29.5	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	31.8	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	43.2	47.0	59.1
Residents on individually written bowel and bladder retraining program.	7	15.9	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.4	20.3	30.4
Completely bedfast residents.	0	0.0	0.7	2.8
Residents confined to chairs.	4	9.1	28.2	40.9
Residents requiring restraints.	5	11.4	19.6	30.9
Confused or disoriented residents.	39	88.6	47.7	55.4
Residents with bed sores.	2	4.5	4.8	4.8
Residents receiving special skin care.	8	18.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING¹ DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F196* F199 F224 F283 F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RED HILLS REST HAVEN**

Street Address: ONE POPLAR DR		City and State: SUMNER, IL 62466	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 01/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 3	Medicaid Residents: 61			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		84	92.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		82	90.1	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		82	90.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	90.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		63	69.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	29.7	33.7	39.1
Completely bedfast residents.		1	1.1	3.3	3.2
Residents confined to chairs.		55	60.4	46.7	52.3
Residents requiring restraints.		47	51.6	29.6	40.4
Confused or disoriented residents.		42	46.2	52.6	58.6
Residents with bed sores.		5	5.5	9.1	7.6
Residents receiving special skin care.		51	56.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F080*	F102	F105	F126	F127*	F132*	F134
F181*	F189	F191*	F196*	F199	F206	F224	F294
F321	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
ROSEWOOD CARE CENTER INC OF SWANSEA**

Street Address: 100 ROSEWOOD VILLAGE DR		City and State: SWANSEA, IL 62220	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 112	Type of Ownership: PROPRIETARY	Survey Date: 03/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
92	0		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	76.1	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	75	81.5	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	77.2	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	56.5	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	60.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	15.2	33.7	39.1
Completely bedfast residents.	2	2.2	3.3	3.2
Residents confined to chairs.	16	17.4	46.7	52.3
Residents requiring restraints.	15	16.3	29.6	40.4
Confused or disoriented residents.	66	71.7	52.6	58.6
Residents with bed sores.	4	4.3	9.1	7.6
Residents receiving special skin care.	30	32.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F134 F175 F261 F285 F322* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MEADOW MANOR INC**

Street Address: RT 48 N		City and State: TAYLORVILLE, IL 62568	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	Medicare Residents: 0	Medicaid Residents: 92
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	75.2	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	82	59.9	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	69	50.4	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	50.4	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	58.4	47.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	28.5	20.3	30.4
Completely bedfast residents.	1	0.7	0.7	2.8
Residents confined to chairs.	72	52.6	28.2	40.9
Residents requiring restraints.	42	30.7	19.6	30.9
Confused or disoriented residents.	43	31.4	47.7	55.4
Residents with bed sores.	13	9.5	4.8	4.8
Residents receiving special skin care.	50	36.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
N/A	MET	4	1.6	352	6.7
N/A	MET	20	8.0	683	12.9
N/A	MET	6	2.4	345	6.5
N/A	MET	49	19.6	1194	22.6
N/A	NOT MET	78	31.2	998	18.9
N/A	MET	11	4.4	278	5.3
N/A	MET	5	2.0	299	5.7
N/A	MET	12	4.8	594	11.2
N/A	MET	8	3.2	322	6.1
N/A	MET	20	8.0	837	15.8
N/A	MET	35	14.0	1089	20.6
N/A	MET	0	0.0	0	0.0
N/A	MET	0	0.0	0	0.0
N/A	MET	0	0.0	0	0.0
N/A	MET	5	2.0	269	5.1
N/A	MET	135	54.0	2043	38.6

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F102 F196* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ST VINCENT MEMORIAL HOSP SNF**

Street Address: 201 E PLEASANT		City and State: TAYLORVILLE, IL 62568	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 40	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 2	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		38	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		28	73.7	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	76.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	63.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	34.2	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		20	52.6	46.7	52.3
Residents requiring restraints.		6	15.8	29.6	40.4
Confused or disoriented residents.		19	50.0	52.6	58.6
Residents with bed sores.		5	13.2	9.1	7.6
Residents receiving special skin care.		14	36.8	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130 F242* F243 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TAYLORVILLE CARE CENTER

Street Address: 600 S HOUSTON		City and State: TAYLORVILLE, IL 62568	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 06/14/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 6	Medicaid Residents: 43		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		87	91.6	73.8
Dressing				
Residents requiring some or total assistance in dressing.		87	91.6	77.5
Toileting				
Residents requiring some or total assistance in toileting.		74	77.9	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	91.6	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		69	72.6	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		44	46.3	33.7
Completely bedfast residents.		0	0.0	3.3
Residents confined to chairs.		53	55.8	46.7
Residents requiring restraints.		0	0.0	29.6
Confused or disoriented residents.		81	85.3	52.6
Residents with bed sores.		11	11.6	9.1
Residents receiving special skin care.		29	30.5	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F272 F318

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MCALLISTER NURS HOME**

Street Address: 18300 S LAVERGNE AVE		City and State: TINLEY PARK, IL 60477	
Participation: MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 11/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 68			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	70.8	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		78	87.6	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		68	76.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	71.9	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	76.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	29.2	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		68	76.4	46.7	52.3
Residents requiring restraints.		36	40.4	29.6	40.4
Confused or disoriented residents.		47	52.8	52.6	58.6
Residents with bed sores.		5	5.6	9.1	7.6
Residents receiving special skin care.		89	100	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F131* F132* F188 F191* F196* F250 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE W A HOWE DEVELOPMENTAL CENTER

Street Address: 7600 W 183RD ST		City and State: TINLEY PARK, IL 60477	
Participation: MEDICAID SNF/ICF	# of Beds: 744	Type of Ownership: STATE GOVERNMENT	Survey Date: 08/26/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
101	0	97			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		101	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		101	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		101	100	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		99	98.0	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		101	100	64.8	69.4
Residents on individually written bowel and bladder retraining program.		18	17.8	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		86	85.1	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		99	98.0	46.7	52.3
Residents requiring restraints.		0	0.0	29.6	40.4
Confused or disoriented residents.		101	100	52.6	58.6
Residents with bed sores.		4	4.0	9.1	7.6
Residents receiving special skin care.		0	0.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MONTE CASSINO HEALTHCARE CENTER**

Street Address: 101 E VIA GHIGLIERI		City and State: TOLUCA, IL 61369	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 03/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 14	Medicaid Residents: 55			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	86.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		66	75.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		56	64.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	50.6	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		51	58.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	40.2	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		48	55.2	46.7	52.3
Residents requiring restraints.		30	34.5	29.6	40.4
Confused or disoriented residents.		40	46.0	52.6	58.6
Residents with bed sores.		0	0.0	9.1	7.6
Residents receiving special skin care.		34	39.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F113	F116	F117	F120	F126	F127*	F130
F132*	F133*	F134	F135	F138	F139	F169	F170
F180	F196*	F199	F207	F254	F255	F260	F261
F293*	F313*	F322*	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TOULON HEALTH CARE CENTER**

Street Address: RR 1 BOX 14		City and State: TOULON, IL 61483	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/04/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 8	Medicaid Residents: 83		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		86	75.4	73.8
Dressing				
Residents requiring some or total assistance in dressing.		89	78.1	77.5
Toileting				
Residents requiring some or total assistance in toileting.		82	71.9	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	60.5	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		71	62.3	64.8
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		36	31.6	33.7
Completely bedfast residents.		1	0.9	3.3
Residents confined to chairs.		59	51.8	46.7
Residents requiring restraints.		42	36.8	29.6
Confused or disoriented residents.		79	69.3	52.6
Residents with bed sores.		9	7.9	9.1
Residents receiving special skin care.		38	33.3	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F058	F073*	F126	F138	F142	F196*	F199
F207	F294	F332*	F346				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **DOUGLAS MANOR NURSING COMPLEX**

Street Address: RR 2		City and State: TUSCOLA, IL 61953	
Participation: MEDICAID SNF/ICF	# of Beds: 153	Type of Ownership: PROPRIETARY	Survey Date: 07/14/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112		Medicare Residents: 0		Medicaid Residents: 72			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				83	74.1	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				79	70.5	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				73	65.2	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				70	62.5	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				57	50.9	64.8	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				37	33.0	33.7	39.1
Completely bedfast residents.				2	1.8	3.3	3.2
Residents confined to chairs.				34	30.4	46.7	52.3
Residents requiring restraints.				34	30.4	29.6	40.4
Confused or disoriented residents.				64	57.1	52.6	58.6
Residents with bed sores.				6	5.4	9.1	7.6
Residents receiving special skin care.				53	47.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F199 F282 F332* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address: 600 N COLER AVE		City and State: URBANA, IL 61801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 11/10/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
78	9		39	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	80.8	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	63	80.8	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	59	75.6	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	71.8	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	70.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.	2	2.6	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	44.9	33.7	39.1
Completely bedfast residents.	0	0.0	3.3	3.2
Residents confined to chairs.	39	50.0	46.7	52.3
Residents requiring restraints.	42	53.8	29.6	40.4
Confused or disoriented residents.	52	66.7	52.6	58.6
Residents with bed sores.	6	7.7	9.1	7.6
Residents receiving special skin care.	13	16.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F118	F119	F120	F126	F195	F196*	F199
F204	F205	F206	F256	F263	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CHAMPAIGN COUNTY NURSING HOME

Street Address: 1701 E MAIN		City and State: URBANA, IL 61801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 288	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/15/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	11	74		
	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	69.9	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	147	96.1	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	133	86.9	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	88.9	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	89.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	33.3	33.7	39.1
Completely bedfast residents.	1	0.7	3.3	3.2
Residents confined to chairs.	113	73.9	46.7	52.3
Residents requiring restraints.	61	39.9	29.6	40.4
Confused or disoriented residents.	118	77.1	52.6	58.6
Residents with bed sores.	10	6.5	9.1	7.6
Residents receiving special skin care.	56	36.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F135 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CLARK LINDSEY VILLAGE INC**

Street Address: 101 W WINDSOR RD		City and State: URBANA, IL 61801	
Participation: MEDICARE SNF	# of Beds: 96	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
49	4	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	95.9	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		35	71.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		33	67.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	77.6	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	57.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	18.4	33.7	39.1
Completely bedfast residents.		1	2.0	3.3	3.2
Residents confined to chairs.		11	22.4	46.7	52.3
Residents requiring restraints.		5	10.2	29.6	40.4
Confused or disoriented residents.		37	75.5	52.6	58.6
Residents with bed sores.		4	8.2	9.1	7.6
Residents receiving special skin care.		5	10.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F084	F085*	F102	F117	F119	F130	F196*
F199	F205	F207	F250	F263	F330	F332*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **URBANA NURSING HOME**

Street Address: 2006 S PHILO RD		City and State: URBANA, IL 61801	
Participation: MEDICAID ICF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 04/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
46	0	35			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.		29	63.0	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		28	60.9	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		24	52.2	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		18	39.1	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		25	54.3	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	19.6	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		7	15.2	28.2	40.9
Residents requiring restraints.		5	10.9	19.6	30.9
Confused or disoriented residents.		26	56.5	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		0	0.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332* F353 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CHERRYWOOD HEALTH CARE CENTER

Street Address: 1500 W ST LOUIS AVE		City and State: VANDALIA, IL 62471	
Participation: MEDICAID ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 03/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 76			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		62	63.9	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		53	54.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		34	35.1	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	54.6	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	51.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	16.5	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		14	14.4	28.2	40.9
Residents requiring restraints.		26	26.8	19.6	30.9
Confused or disoriented residents.		30	30.9	47.7	55.4
Residents with bed sores.		3	3.1	4.8	4.8
Residents receiving special skin care.		26	26.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F113	F117	F118	F119	F127*	F132*	F134	F259
F263	F283	F292	F294	F313*	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FAYETTE COUNTY HOSPITAL LTC

Street Address: 7TH AND TAYLOR ST		City and State: VANDALIA, IL 62471	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 134	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 8	Medicaid Residents: 44			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	44.7	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		69	81.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		66	77.6	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	82.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	67.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		2	2.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	56.5	33.7	39.1
Completely bedfast residents.		3	3.5	3.3	3.2
Residents confined to chairs.		36	42.4	46.7	52.3
Residents requiring restraints.		43	50.6	29.6	40.4
Confused or disoriented residents.		20	23.5	52.6	58.6
Residents with bed sores.		6	7.1	9.1	7.6
Residents receiving special skin care.		12	14.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing or the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F116 F130 F134 F173* F263 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HERITAGE HOUSE OF VANDALIA**

Street Address: 1610 HILLSBORO RD RTE 185		City and State: VANDALIA, IL 62471	
Participation: MEDICAID ICF	# of Beds: 79	Type of Ownership: PROPRIETARY	Survey Date: 08/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 58			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	61.8	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		29	42.6	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		27	39.7	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	51.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	69.1	47.0	59.1
Residents on individually written bowel and bladder retraining program.		5	7.4	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	19.1	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		13	19.1	28.2	40.9
Residents requiring restraints.		18	26.5	19.6	30.9
Confused or disoriented residents.		24	35.3	47.7	55.4
Residents with bed sores.		7	10.3	4.8	4.8
Residents receiving special skin care.		23	33.8	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F196* F199 F293* F313* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HILLVIEW HEALTH CARE CENTER

Street Address: PO BOX 156 ELEVENTH ST		City and State: VIENNA, IL 62995	
Participation: MEDICAID ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 08/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 57		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	82.9	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	61	87.1	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	52	74.3	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	74.3	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	47.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	25.7	20.3	30.4
Completely bedfast residents.	14	20.0	0.7	2.8
Residents confined to chairs.	41	58.6	28.2	40.9
Residents requiring restraints.	13	18.6	19.6	30.9
Confused or disoriented residents.	25	35.7	47.7	55.4
Residents with bed sores.	8	11.4	4.8	4.8
Residents receiving special skin care.	15	21.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F105	F126	F134	F135	F191*	F227
F263	F264	F283	F288	F295	F332*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SUNRISE MANOR OF VIRDEN

Street Address: 333 S WRIGHTSMAN ST		City and State: VIRDEN, IL 62690	
Participation: MEDICAID ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 06/29/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 47			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	86.2	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		71	88.7	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		58	72.5	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	62.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		38	47.5	47.0	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	27.5	20.3	30.4
Completely bedfast residents.		3	3.7	0.7	2.8
Residents confined to chairs.		39	48.7	28.2	40.9
Residents requiring restraints.		29	36.2	19.6	30.9
Confused or disoriented residents.		38	47.5	47.7	55.4
Residents with bed sores.		17	21.2	4.8	4.8
Residents receiving special skin care.		40	50.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F105	F117	F126	F169	F170	F191*
F242*	F243	F260					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VIRDEN NURSING CENTER

Street Address: 402 W LOUD		City and State: VIRDEN, IL 62690	
Participation: MEDICAID ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 07/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 26		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		48	96.0	59.9
Dressing				
Residents requiring some or total assistance in dressing.		41	82.0	58.6
Toileting				
Residents requiring some or total assistance in toileting.		37	74.0	46.7
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	70.0	52.4
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		37	74.0	47.0
Residents on individually written bowel and bladder retraining program.		0	0.0	6.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		13	26.0	20.3
Completely bedfast residents.		0	0.0	0.7
Residents confined to chairs.		28	56.0	28.2
Residents requiring restraints.		9	18.0	19.6
Confused or disoriented residents.		31	62.0	47.7
Residents with bed sores.		1	2.0	4.8
Residents receiving special skin care.		6	12.0	22.9

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	920	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WALKER NURSING HOME

Street Address: 530 E BEARDSTOWN		City and State: VIRGINIA, IL 62691	
Participation: MEDICAID SNF/ICF	# of Beds: 71	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/04/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 34			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		19	27.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		42	60.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		41	58.6	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		41	58.6	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	50.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		25	35.7	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	21.4	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		11	15.7	46.7	52.3
Residents requiring restraints.		16	22.9	29.6	40.4
Confused or disoriented residents.		24	34.3	52.6	58.6
Residents with bed sores.		3	4.3	9.1	7.6
Residents receiving special skin care.		42	60.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F110 F126 F196* F199 F250 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WALNUT MANOR

Street Address: 308 S 2ND ST		City and State: WALNUT, IL 61376	
Participation: MEDICAID ICF	# of Beds: 62	Type of Ownership: PROPRIETARY	Survey Date: 04/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
60	0		23	
	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	73.3	59.9	78.5
Dressing				
Residents requiring some or total assistance in dressing.	44	73.3	58.6	76.5
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	46.7	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	70.0	52.4	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	40.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	20.3	30.4
Completely bedfast residents.	0	0.0	0.7	2.8
Residents confined to chairs.	11	18.3	28.2	40.9
Residents requiring restraints.	22	36.7	19.6	30.9
Confused or disoriented residents.	31	51.7	47.7	55.4
Residents with bed sores.	3	5.0	4.8	4.8
Residents receiving special skin care.	8	13.3	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
h, B	MET	MET	4	1.6	352	6.7
	MET	MET	20	8.0	683	12.9
	MET	MET	6	2.4	345	6.5
	MET	NOT MET	49	19.6	1194	22.6
B	NOT MET	MET	78	31.2	998	18.9
	MET	MET	11	4.4	278	5.3
y	MET	MET	5	2.0	299	5.7
d	MET	MET	12	4.8	594	11.2
	MET	MET	8	3.2	322	6.1
	MET	MET	20	8.0	837	15.8
	MET	MET	35	14.0	1089	20.6
	MET	MET	0	0.0	0	0.0
	MET	MET	0	0.0	0	0.0
	MET	MET	0	0.0	0	0.0
	MET	MET	5	2.0	269	5.1
	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F058	F102	F126	F135	F191*	F209	F210
F263	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WASHINGTON CHRISTIAN VILLAGE**

Street Address: 1110 NEW CASTLE RD		City and State: WASHINGTON, IL 61571	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/22/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 5	Medicaid Residents: 43			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		114	99.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		102	88.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		88	76.5	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	99.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		88	76.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	43.5	33.7	39.1
Completely bedfast residents.		4	3.5	3.3	3.2
Residents confined to chairs.		74	64.3	46.7	52.3
Residents requiring restraints.		34	29.6	29.6	40.4
Confused or disoriented residents.		75	65.2	52.6	58.6
Residents with bed sores.		12	10.4	9.1	7.6
Residents receiving special skin care.		15	13.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	NOT MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F080*	F084	F094*	F102	F109	F110	F116
F117	F120	F126	F127*	F128*	F129*	F169	F170
F171	F173*	F174	F175	F176	F177	F178	F180
F181*	F182	F195	F196*	F199	F207	F236	F237*
F257	F294	F321	F322*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
CANTERBURY MANOR NURSING CTR INC**

Street Address: 718 N MARKET ST		City and State: WATERLOO, IL 62298	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 06/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 19			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		58	81.7	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		58	81.7	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		52	73.2	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	73.2	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	73.2	47.0	59.1
Residents on individually written bowel and bladder retraining program.		20	28.2	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	63.4	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		45	63.4	28.2	40.9
Residents requiring restraints.		20	28.2	19.6	30.9
Confused or disoriented residents.		40	56.3	47.7	55.4
Residents with bed sores.		3	4.2	4.8	4.8
Residents receiving special skin care.		50	70.4	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	4	1.6	352	6.7
MET	MET	20	8.0	683	12.9
NOT MET	MET	6	2.4	345	6.5
MET	MET	49	19.6	1194	22.6
MET	MET	78	31.2	998	18.9
MET	MET	11	4.4	278	5.3
NOT MET	MET	5	2.0	299	5.7
MET	MET	12	4.8	594	11.2
MET	MET	8	3.2	322	6.1
MET	MET	20	8.0	837	15.8
MET	MET	35	14.0	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	5	2.0	269	5.1
NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076 F105 F199 F349 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MONROE COUNTY NURSING HOME

Street Address: 500 ILLINOIS AVE		City and State: WATERLOO, IL 62298	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 225	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 213	Medicare Residents: 11	Medicaid Residents: 98		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		158	74.2	73.8
Dressing				
Residents requiring some or total assistance in dressing.		176	82.6	77.5
Toileting				
Residents requiring some or total assistance in toileting.		144	67.6	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		174	81.7	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		137	64.3	64.8
Residents on individually written bowel and bladder retraining program.		7	3.3	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		68	31.9	33.7
Completely bedfast residents.		1	0.5	3.3
Residents confined to chairs.		75	35.2	46.7
Residents requiring restraints.		70	32.9	29.6
Confused or disoriented residents.		101	47.4	52.6
Residents with bed sores.		7	3.3	9.1
Residents receiving special skin care.		92	43.2	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F282 F283 F288 F356

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MAGNOLIA WOOD HEALTH CARE CENTER**

Street Address: 900 N MARKET ST		City and State: WATSEKA, IL 60970	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 76	Type of Ownership: PROPRIETARY	Survey Date: 10/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
66	2	51			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	69.7	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		48	72.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		39	59.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	66.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	63.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	30.3	33.7	39.1
Completely bedfast residents.		1	1.5	3.3	3.2
Residents confined to chairs.		20	30.3	46.7	52.3
Residents requiring restraints.		17	25.8	29.6	40.4
Confused or disoriented residents.		37	56.1	52.6	58.6
Residents with bed sores.		5	7.6	9.1	7.6
Residents receiving special skin care.		40	60.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F191* F283 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WATSEKA HEALTH CARE CENTER**

Street Address: 715 E RAYMOND RD		City and State: WATSEKA, IL 60970	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 1	Medicaid Residents: 77			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		68	67.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		79	78.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		67	66.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	58.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		67	66.3	64.8	69.4
Residents on individually written bowel and bladder retraining program.		8	7.9	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	20.8	33.7	39.1
Completely bedfast residents.		2	2.0	3.3	3.2
Residents confined to chairs.		50	49.5	46.7	52.3
Residents requiring restraints.		45	44.6	29.6	40.4
Confused or disoriented residents.		54	53.5	52.6	58.6
Residents with bed sores.		7	6.9	9.1	7.6
Residents receiving special skin care.		47	46.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	NOT MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F101	F102	F130	F131*	F132*	F134	F135
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
TOWN HALL ESTATES WAUCONDA INC**

Street Address: 176 THOMAS CT		City and State: WAUCONDA, IL 60084	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
81	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	67.9	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		62	76.5	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		70	86.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		67	82.7	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	87.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		6	7.4	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	29.6	20.3	30.4
Completely bedfast residents.		2	2.5	0.7	2.8
Residents confined to chairs.		25	30.9	28.2	40.9
Residents requiring restraints.		43	53.1	19.6	30.9
Confused or disoriented residents.		46	56.8	47.7	55.4
Residents with bed sores.		7	8.6	4.8	4.8
Residents receiving special skin care.		18	22.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE BAYSIDE TERRACE

Street Address: 1100 S LEWIS		City and State: WAUKEGAN, IL 60085	
Participation: MEDICAID ICF	# of Beds: 168	Type of Ownership: PROPRIETARY	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
164	0	125			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.		17	10.4	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		5	3.0	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		0	0.0	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		0	0.0	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		5	3.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		4	2.4	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	0.6	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		0	0.0	28.2	40.9
Residents requiring restraints.		0	0.0	19.6	30.9
Confused or disoriented residents.		0	0.0	47.7	55.4
Residents with bed sores.		0	0.0	4.8	4.8
Residents receiving special skin care.		4	2.4	22.9	23.5

WAUKEGAN, IL
SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	260	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F199	F262	F264	F294	F298	F317
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LAKE PARK CENTER

Street Address: 919 WASHINGTON PK		City and State: WAUKEGAN, IL 60085	
Participation: MEDICAID SNF/ICF	# of Beds: 210	Type of Ownership: PROPRIETARY	Survey Date: 01/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 207	Medicare Residents: 0	Medicaid Residents: 189			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		180	87.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		70	33.8	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		53	25.6	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	9.2	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		45	21.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		4	1.9	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	11.1	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		18	8.7	46.7	52.3
Residents requiring restraints.		14	6.8	29.6	40.4
Confused or disoriented residents.		100	48.3	52.6	58.6
Residents with bed sores.		7	3.4	9.1	7.6
Residents receiving special skin care.		19	9.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F180 F277 F293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE NORTH SHORE TERRACE

Street Address: 2222 W 14TH ST		City and State: WAUKEGAN, IL 60085	
Participation: MEDICAID SNF/ICF	# of Beds: 271	Type of Ownership: PROPRIETARY	Survey Date: 12/21/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 259	Medicare Residents: 0	Medicaid Residents: 221			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		178	68.7	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		216	83.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		185	71.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		149	57.5	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		185	71.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.		60	23.2	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		62	23.9	33.7	39.1
Completely bedfast residents.		5	1.9	3.3	3.2
Residents confined to chairs.		65	25.1	46.7	52.3
Residents requiring restraints.		10	3.9	29.6	40.4
Confused or disoriented residents.		172	66.4	52.6	58.6
Residents with bed sores.		22	8.5	9.1	7.6
Residents receiving special skin care.		102	39.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F116	F126	F127*	F130	F134
F135	F259	F264	F294	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ST THERESE MEDICAL CENTER

Street Address: 2615 W WASHINGTON ST		City and State: WAUKEGAN, IL 60085	
Participation: MEDICARE SNF	# of Beds: 25	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
11	11	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		10	90.9	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		10	90.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		10	90.9	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		10	90.9	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		6	54.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		4	36.4	33.7	39.1
Completely bedfast residents.		1	9.1	3.3	3.2
Residents confined to chairs.		9	81.8	46.7	52.3
Residents requiring restraints.		1	9.1	29.6	40.4
Confused or disoriented residents.		1	9.1	52.6	58.6
Residents with bed sores.		0	0.0	9.1	7.6
Residents receiving special skin care.		2	18.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F169 F175 F259 F260

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TERRACE NURSING HOME

Street Address: 1615 SUNSET AVE		City and State: WAUKEGAN, IL 60087	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 112	Type of Ownership: PROPRIETARY	Survey Date: 01/19/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
105	8	55			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	57.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		75	71.4	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		75	71.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	71.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		75	71.4	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	49.5	33.7	39.1
Completely bedfast residents.		10	9.5	3.3	3.2
Residents confined to chairs.		43	41.0	46.7	52.3
Residents requiring restraints.		33	31.4	29.6	40.4
Confused or disoriented residents.		68	64.8	52.6	58.6
Residents with bed sores.		25	23.8	9.1	7.6
Residents receiving special skin care.		40	38.1	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F127* F130 F134 F191* F294 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WAUKEGAN PAVILION

Street Address: 2217 WASHINGTON ST		City and State: WAUKEGAN, IL 60085	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 10/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
82	5	49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	55	67.1	73.8	82.0	
Dressing					
Residents requiring some or total assistance in dressing.	55	67.1	77.5	84.0	
Toileting					
Residents requiring some or total assistance in toileting.	54	65.9	69.0	75.0	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	50.0	70.6	76.9	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	55	67.1	64.8	69.4	
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	8	9.8	33.7	39.1	
Completely bedfast residents.	0	0.0	3.3	3.2	
Residents confined to chairs.	44	53.7	46.7	52.3	
Residents requiring restraints.	31	37.8	29.6	40.4	
Confused or disoriented residents.	22	26.8	52.6	58.6	
Residents with bed sores.	9	11.0	9.1	7.6	
Residents receiving special skin care.	12	14.6	34.5	31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	46	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F130 F250 F259 F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WEST CHICAGO TERRACE

Street Address: 928 JOLIET ST		City and State: WEST CHICAGO, IL 60185	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
113	0	102			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	32	28.3	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	54	47.8	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	38	33.6	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	17.7	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	29	25.7	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	9	8.0	20.3	30.4	
Completely bedfast residents.	0	0.0	0.7	2.8	
Residents confined to chairs.	6	5.3	28.2	40.9	
Residents requiring restraints.	18	15.9	19.6	30.9	
Confused or disoriented residents.	35	31.0	47.7	55.4	
Residents with bed sores.	1	0.9	4.8	4.8	
Residents receiving special skin care.	26	23.0	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE AMERICAN BEAUTY NURSING HOME

Street Address: 6TH AND COLUMBIA		City and State: WEST FRANKFORT, IL 62896	
Participation: MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 06/23/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 28			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		52	94.5	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		40	72.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		40	72.7	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	72.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		40	72.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	25.5	33.7	39.1
Completely bedfast residents.		1	1.8	3.3	3.2
Residents confined to chairs.		25	45.5	46.7	52.3
Residents requiring restraints.		25	45.5	29.6	40.4
Confused or disoriented residents.		26	47.3	52.6	58.6
Residents with bed sores.		15	27.3	9.1	7.6
Residents receiving special skin care.		25	45.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F102	F105	F119	F128*	F129*	F134	F167*
F169	F170	F179	F180	F181*	F182	F186	F191*
F196*	F199	F206	F224	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FRANKFORT HEIGHTS MANOR

Street Address: 2500 E ST LOUIS AVE		City and State: WEST FRANKFORT, IL 62896	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 12/09/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	54		Medicare Residents:	0		Medicaid Residents:	35		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.						FACILITY		STATE	NATION
						#	%	%	%
Bathing									
Residents requiring some or total assistance in bathing.						26	48.1	59.9	78.5
Dressing									
Residents requiring some or total assistance in dressing.						26	48.1	58.6	76.5
Toileting									
Residents requiring some or total assistance in toileting.						26	48.1	46.7	63.4
Transferring									
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.						34	63.0	52.4	67.1
Continence									
Residents with catheters or partial or total loss of bowel or bladder control.						14	25.9	47.0	59.1
Residents on individually written bowel and bladder retraining program.						4	7.4	6.5	5.0
Eating									
Residents receiving tube feedings or requiring assistance with eating.						10	18.5	20.3	30.4
Completely bedfast residents.						0	0.0	0.7	2.8
Residents confined to chairs.						9	16.7	28.2	40.9
Residents requiring restraints.						1	1.9	19.6	30.9
Confused or disoriented residents.						28	51.9	47.7	55.4
Residents with bed sores.						2	3.7	4.8	4.8
Residents receiving special skin care.						12	22.2	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F119	F126	F134	F135	F196*	F199
F250	F259	F283	F297	F332*	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARKVIEW NURSING HOME

Street Address: 301 E GARLAND ST		City and State: WEST FRANKFORT, IL 62896	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 04/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
50		0		27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				21	42.0	59.9	78.5
Dressing							
Residents requiring some or total assistance in dressing.				33	66.0	58.6	76.5
Toileting							
Residents requiring some or total assistance in toileting.				33	66.0	46.7	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				39	78.0	52.4	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				33	66.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	6.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				4	8.0	20.3	30.4
Completely bedfast residents.				0	0.0	0.7	2.8
Residents confined to chairs.				23	46.0	28.2	40.9
Residents requiring restraints.				10	20.0	19.6	30.9
Confused or disoriented residents.				24	48.0	47.7	55.4
Residents with bed sores.				4	8.0	4.8	4.8
Residents receiving special skin care.				4	8.0	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F058	F073*	F101	F102	F118	F125*	F126
F127*	F128*	F130	F131*	F132*	F194	F196*	F199
F287	F294	F313*	F314	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WESTCHESTER MANOR

Street Address:

2901 WOLF RD

City and State:

WESTCHESTER, IL 60153

Participation:

MEDICARE SNF

of Beds:

120

Type of Ownership:

PROPRIETARY

Survey Date:

11/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS**Total Residents on Day of Survey:**

7

Medicare Residents:

0

Medicaid Residents:

0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

4	57.1	73.8	82.0
---	------	------	------

Dressing

Residents requiring some or total assistance in dressing.

4	57.1	77.5	84.0
---	------	------	------

Toileting

Residents requiring some or total assistance in toileting.

5	71.4	69.0	75.0
---	------	------	------

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

5	71.4	70.6	76.9
---	------	------	------

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

4	57.1	64.8	69.4
---	------	------	------

Residents on individually written bowel and bladder retraining program.

0	0.0	5.0	4.0
---	-----	-----	-----

Eating

Residents receiving tube feedings or requiring assistance with eating.

1	14.3	33.7	39.1
---	------	------	------

Completely bedfast residents.

1	14.3	3.3	3.2
---	------	-----	-----

Residents confined to chairs.

2	28.6	46.7	52.3
---	------	------	------

Residents requiring restraints.

0	0.0	29.6	40.4
---	-----	------	------

Confused or disoriented residents.

1	14.3	52.6	58.6
---	------	------	------

Residents with bed sores.

2	28.6	9.1	7.6
---	------	-----	-----

Residents receiving special skin care.

4	57.1	34.5	31.4
---	------	------	------

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE AMERICANA HEALTHCARE CTR

Street Address: 512 E OGDEN AVE		City and State: WESTMONT, IL 60559	
Participation: MEDICARE SNF	# of Beds: 155	Type of Ownership: PROPRIETARY	Survey Date: 01/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
111		17		0			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				106	95.5	73.8	82.0
Dressing							
Residents requiring some or total assistance in dressing.				103	92.8	77.5	84.0
Toileting							
Residents requiring some or total assistance in toileting.				97	87.4	69.0	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				73	65.8	70.6	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				84	75.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.				1	0.9	5.0	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				39	35.1	33.7	39.1
Completely bedfast residents.				2	1.8	3.3	3.2
Residents confined to chairs.				73	65.8	46.7	52.3
Residents requiring restraints.				30	27.0	29.6	40.4
Confused or disoriented residents.				55	49.5	52.6	58.6
Residents with bed sores.				14	12.6	9.1	7.6
Residents receiving special skin care.				34	30.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F260 F261 F262 F282 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
BURGESS SQUARE HEALTHCARE CENTER**

Street Address: 5801 S CASS AVE		City and State: WESTMONT, IL 60559	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 211	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/03/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	Medicare Residents: 10	Medicaid Residents: 76		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		193	95.1	73.8
Dressing				
Residents requiring some or total assistance in dressing.		150	73.9	77.5
Toileting				
Residents requiring some or total assistance in toileting.		156	76.8	69.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		151	74.4	70.6
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		156	76.8	64.8
Residents on individually written bowel and bladder retraining program.		37	18.2	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.		66	32.5	33.7
Completely bedfast residents.		6	3.0	3.3
Residents confined to chairs.		98	48.3	46.7
Residents requiring restraints.		89	43.8	29.6
Confused or disoriented residents.		91	44.8	52.6
Residents with bed sores.		17	8.4	9.1
Residents receiving special skin care.		7	3.4	34.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F127* F134 F258 F264 F324*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WESTMONT CONVALESCENT CENTER**

Street Address: 6501 S CASS		City and State: WESTMONT, IL 60559	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 215	Type of Ownership: PROPRIETARY	Survey Date: 08/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 211	Medicare Residents: 5	Medicaid Residents: 147			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		186	88.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		186	88.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		186	88.2	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		186	88.2	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		160	75.8	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		66	31.3	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		142	67.3	46.7	52.3
Residents requiring restraints.		53	25.1	29.6	40.4
Confused or disoriented residents.		110	52.1	52.6	58.6
Residents with bed sores.		11	5.2	9.1	7.6
Residents receiving special skin care.		170	80.6	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F102 F114 F175 F263 F317

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DUPAGE CONVALESCENT CENTER

Street Address: 400 N COUNTY FARM RD		City and State: WHEATON, IL 60187	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 408	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 392	Medicare Residents: 30	Medicaid Residents: 304	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	273	69.6	73.8	82.0
Dressing				
Residents requiring some or total assistance in dressing.	369	94.1	77.5	84.0
Toileting				
Residents requiring some or total assistance in toileting.	312	79.6	69.0	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	352	89.8	70.6	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	238	60.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.	49	12.5	5.0	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	203	51.8	33.7	39.1
Completely bedfast residents.	1	0.3	3.3	3.2
Residents confined to chairs.	350	89.3	46.7	52.3
Residents requiring restraints.	94	24.0	29.6	40.4
Confused or disoriented residents.	187	47.7	52.6	58.6
Residents with bed sores.	31	7.9	9.1	7.6
Residents receiving special skin care.	143	36.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	NOT MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
NOT MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F259 F293* F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARKWAY TERRACE

Street Address: 219 E PARKWAY		City and State: WHEATON, IL 60187	
Participation: MEDICAID SNF/ICF	# of Beds: 69	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 8			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		67	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		61	91.0	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	88.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	85.1	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	53.7	33.7	39.1
Completely bedfast residents.		5	7.5	3.3	3.2
Residents confined to chairs.		38	56.7	46.7	52.3
Residents requiring restraints.		36	53.7	29.6	40.4
Confused or disoriented residents.		58	86.6	52.6	58.6
Residents with bed sores.		4	6.0	9.1	7.6
Residents receiving special skin care.		46	68.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F196* F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SANDALWOOD HEALTHCARE CENTRE

Street Address: 2180 W MANCHESTER RD		City and State: WHEATON, IL 60187	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 209	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
191	12	116			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		132	69.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		154	80.6	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		152	79.6	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		111	58.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		150	78.5	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	23.0	33.7	39.1
Completely bedfast residents.		3	1.6	3.3	3.2
Residents confined to chairs.		77	40.3	46.7	52.3
Residents requiring restraints.		66	34.6	29.6	40.4
Confused or disoriented residents.		108	56.5	52.6	58.6
Residents with bed sores.		16	8.4	9.1	7.6
Residents receiving special skin care.		134	70.2	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F123*	F126	F134	F140	F170	F180	F196*
F250	F255	F256	F257	F259	F262	F346	F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WHEATON CONVALESCENT CENTER

Street Address: 1325 N MANCHESTER		City and State: WHEATON, IL 60187	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 08/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	Medicare Residents: 0	Medicaid Residents: 98			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	92.6	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		98	81.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		85	70.2	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	71.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	70.2	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	29.8	33.7	39.1
Completely bedfast residents.		1	0.8	3.3	3.2
Residents confined to chairs.		38	31.4	46.7	52.3
Residents requiring restraints.		34	28.1	29.6	40.4
Confused or disoriented residents.		100	82.6	52.6	58.6
Residents with bed sores.		8	6.6	9.1	7.6
Residents receiving special skin care.		84	69.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101 F173* F175 F262 F283 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE ADDOLORATA VILLA

Street Address: 555 MCHENRY RD		City and State: WHEELING, IL 60090	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:		
40	0		16		
	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	33	82.5	59.9	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	31	77.5	58.6	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	26	65.0	46.7	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	42.5	52.4	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	26	65.0	47.0	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	28	70.0	20.3	30.4	
Completely bedfast residents.	2	5.0	0.7	2.8	
Residents confined to chairs.	17	42.5	28.2	40.9	
Residents requiring restraints.	24	60.0	19.6	30.9	
Confused or disoriented residents.	25	62.5	47.7	55.4	
Residents with bed sores.	6	15.0	4.8	4.8	
Residents receiving special skin care.	10	25.0	22.9	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE NORTH AMERICAN HEALTHCARE

Street Address: 620 W BRIDGEPORT		City and State: WHITE HALL, IL 62092	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 126	Type of Ownership: PROPRIETARY	Survey Date: 09/08/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 2	Medicaid Residents: 91			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	69.0	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		85	73.3	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		63	54.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	54.3	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		54	46.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	23.3	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		30	25.9	46.7	52.3
Residents requiring restraints.		48	41.4	29.6	40.4
Confused or disoriented residents.		59	50.9	52.6	58.6
Residents with bed sores.		7	6.0	9.1	7.6
Residents receiving special skin care.		69	59.5	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F102	F117	F120	F126	F130	F294	F332*
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CHATEAU VILLAGE LIVING CENTER**

Street Address: 7050 MADISON ST		City and State: WILLOWBROOK, IL 60521	
Participation: MEDICARE SNF	# of Beds: 150	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
14	14	0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		14	100	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		14	100	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		14	100	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		14	100	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		12	85.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	50.0	33.7	39.1
Completely bedfast residents.		2	14.3	3.3	3.2
Residents confined to chairs.		10	71.4	46.7	52.3
Residents requiring restraints.		5	35.7	29.6	40.4
Confused or disoriented residents.		10	71.4	52.6	58.6
Residents with bed sores.		5	35.7	9.1	7.6
Residents receiving special skin care.		9	64.3	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	NOT MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	NOT MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	NOT MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080*	F085*	F102	F126	F127*	F130	F135	F136
F169	F175	F191*	F199	F218*	F227	F250	F260
F262	F293*	F322*	F342	F358			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
ROYAL WILLOW NURSING CARE CENTER**

Street Address: 555 KAHLER RD		City and State: WILMINGTON, IL 60481	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 196	Type of Ownership: PROPRIETARY	Survey Date: 04/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129		Medicare Residents: 6		Medicaid Residents: 99	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		94	72.9	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		76	58.9	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		68	52.7	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		68	52.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		59	45.7	64.8	69.4
Residents on individually written bowel and bladder retraining program.		7	5.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	15.5	33.7	39.1
Completely bedfast residents.		3	2.3	3.3	3.2
Residents confined to chairs.		58	45.0	46.7	52.3
Residents requiring restraints.		34	26.4	29.6	40.4
Confused or disoriented residents.		84	65.1	52.6	58.6
Residents with bed sores.		15	11.6	9.1	7.6
Residents receiving special skin care.		50	38.8	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	NOT MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	76	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 07/88	FACILITY MET/ NOT MET 08/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 08/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F073* F102 F126 F173* F298 F322* F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SCOTT COUNTY NURSING HOME

Street Address: RR 2 N MAIN		City and State: WINCHESTER, IL 62694	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/22/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		49	81.7	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		44	73.3	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		41	68.3	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	63.3	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	51.7	47.0	59.1
Residents on individually written bowel and bladder retraining program.		12	20.0	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	81.7	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		18	30.0	28.2	40.9
Residents requiring restraints.		19	31.7	19.6	30.9
Confused or disoriented residents.		30	50.0	47.7	55.4
Residents with bed sores.		5	8.3	4.8	4.8
Residents receiving special skin care.		25	41.7	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	4	1.6	352	6.7
MET	MET	20	8.0	683	12.9
MET	MET	6	2.4	345	6.5
MET	MET	49	19.6	1194	22.6
MET	MET	78	31.2	998	18.9
MET	MET	11	4.4	278	5.3
MET	MET	5	2.0	299	5.7
MET	MET	12	4.8	594	11.2
MET	MET	8	3.2	322	6.1
MET	MET	20	8.0	837	15.8
MET	MET	35	14.0	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	5	2.0	269	5.1
NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F102 F117 F126 F250 F263 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LIBERTY HILL HEALTHCARE CENTER**

Street Address: 28 W 141 LIBERTY RD		City and State: WINFIELD, IL 60190	
Participation: MEDICAID ICF	# of Beds: 115	Type of Ownership: PROPRIETARY	Survey Date: 04/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 0	Medicaid Residents: 80			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		30	28.3	59.9	78.5
Dressing					
Residents requiring some or total assistance in dressing.		38	35.8	58.6	76.5
Toileting					
Residents requiring some or total assistance in toileting.		28	26.4	46.7	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	57.5	52.4	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	33.0	47.0	59.1
Residents on individually written bowel and bladder retraining program.		13	12.3	6.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	20.8	20.3	30.4
Completely bedfast residents.		0	0.0	0.7	2.8
Residents confined to chairs.		4	3.8	28.2	40.9
Residents requiring restraints.		23	21.7	19.6	30.9
Confused or disoriented residents.		14	13.2	47.7	55.4
Residents with bed sores.		11	10.4	4.8	4.8
Residents receiving special skin care.		8	7.5	22.9	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	0	0.0	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	8	3.2	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	1	0.4	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	23	9.2	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	27	10.8	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	1.2	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	0	0.0	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	0	0.0	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	18	7.2	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	44	17.6	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	25	10.0	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	18	7.2	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	22	8.8	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	26	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	4	1.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	20	8.0	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	6	2.4	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	49	19.6	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	78	31.2	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	11	4.4	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	5	2.0	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	12	4.8	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	8	3.2	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	NOT MET	20	8.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	35	14.0	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	5	2.0	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	135	54.0	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F062	F084	F085*	F102	F126	F127*	F134	F139
F191*	F196*	F199	F226	F227	F262	F293*	F295
F297	F313*	F317					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE V.I.P. MANOR

Street Address: 393 EDWARDSVILLE RD		City and State: WOOD RIVER, IL 62095	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 08/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 0	Medicaid Residents: 37			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		91	88.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		95	92.2	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		83	80.6	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		73	70.9	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		83	80.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		3	2.9	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	47.6	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		58	56.3	46.7	52.3
Residents requiring restraints.		42	40.8	29.6	40.4
Confused or disoriented residents.		103	100	52.6	58.6
Residents with bed sores.		3	2.9	9.1	7.6
Residents receiving special skin care.		102	99.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F076

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SUNSET MANOR

Street Address: 920 N SEMINARY AVE		City and State: WOODSTOCK, IL 60098	
Participation: MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/25/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
72	0		13			
	FACILITY		STATE	NATION		
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.	71	98.6	73.8	82.0		
Dressing						
Residents requiring some or total assistance in dressing.	65	90.3	77.5	84.0		
Toileting						
Residents requiring some or total assistance in toileting.	63	87.5	69.0	75.0		
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	70.6	76.9		
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	62	86.1	64.8	69.4		
Residents on individually written bowel and bladder retraining program.	15	20.8	5.0	4.0		
Eating						
Residents receiving tube feedings or requiring assistance with eating.	41	56.9	33.7	39.1		
Completely bedfast residents.	0	0.0	3.3	3.2		
Residents confined to chairs.	44	61.1	46.7	52.3		
Residents requiring restraints.	18	25.0	29.6	40.4		
Confused or disoriented residents.	45	62.5	52.6	58.6		
Residents with bed sores.	7	9.7	9.1	7.6		
Residents receiving special skin care.	21	29.2	34.5	31.4		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	296	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	76	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VALLEY HI NURSING HOME

Street Address: 2406 HARTLAND RD		City and State: WOODSTOCK, IL 60098	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 117	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 103			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	56.3	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		98	87.5	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		100	89.3	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	77.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		100	89.3	64.8	69.4
Residents on individually written bowel and bladder retraining program.		15	13.4	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	46.4	33.7	39.1
Completely bedfast residents.		2	1.8	3.3	3.2
Residents confined to chairs.		88	78.6	46.7	52.3
Residents requiring restraints.		36	32.1	29.6	40.4
Confused or disoriented residents.		56	50.0	52.6	58.6
Residents with bed sores.		9	8.0	9.1	7.6
Residents receiving special skin care.		65	58.0	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F199 F317 F322*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WOODSTOCK RESIDENCE

Street Address: 309 MCHENRY RD		City and State: WOODSTOCK, IL 60098	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 114	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/06/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
105	2	63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	76.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		82	78.1	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		76	72.4	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		76	72.4	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	59.0	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	19.0	33.7	39.1
Completely bedfast residents.		0	0.0	3.3	3.2
Residents confined to chairs.		75	71.4	46.7	52.3
Residents requiring restraints.		42	40.0	29.6	40.4
Confused or disoriented residents.		60	57.1	52.6	58.6
Residents with bed sores.		5	4.8	9.1	7.6
Residents receiving special skin care.		13	12.4	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	39	7.3	1528	14.9
MET	MET	51	9.6	2029	19.7
MET	MET	46	8.7	1395	13.6
MET	MET	86	16.2	2492	24.2
MET	MET	116	21.8	1356	13.2
MET	MET	14	2.6	568	5.5
MET	MET	9	1.7	917	8.9
MET	MET	22	4.1	1551	15.1
MET	MET	24	4.5	1319	12.8
MET	MET	38	7.2	1156	11.2
MET	MET	34	6.4	981	9.5
MET	MET	69	13.0	1411	13.7
MET	MET	25	4.7	1452	14.1
MET	MET	36	6.8	2140	20.8
MET	MET	16	3.0	760	7.4
MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F259 F260 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HILLSIDE LIVING CENTER

Street Address: RT 34 & GAME FARM RD		City and State: YORKVILLE, IL 60560	
Participation: MEDICARE SNF	# of Beds: 79	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/30/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
59	0	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	50	84.7	73.8	82.0	
Dressing					
Residents requiring some or total assistance in dressing.	50	84.7	77.5	84.0	
Toileting					
Residents requiring some or total assistance in toileting.	47	79.7	69.0	75.0	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	79.7	70.6	76.9	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	64.8	69.4	
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	4.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	26	44.1	33.7	39.1	
Completely bedfast residents.	2	3.4	3.3	3.2	
Residents confined to chairs.	17	28.8	46.7	52.3	
Residents requiring restraints.	24	40.7	29.6	40.4	
Confused or disoriented residents.	39	66.1	52.6	58.6	
Residents with bed sores.	5	8.5	9.1	7.6	
Residents receiving special skin care.	10	16.9	34.5	31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	78	14.7	2034	19.6

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F263 F340* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CROWN MANOR LIVING CENTER

Street Address: 1805 27TH ST		City and State: ZION, IL 60099	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 113	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
107	6		55			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE		NATION	
	#	%	#	%	#	%
Bathing						
Residents requiring some or total assistance in bathing.	95	88.8	73.8		82.0	
Dressing						
Residents requiring some or total assistance in dressing.	78	72.9	77.5		84.0	
Toileting						
Residents requiring some or total assistance in toileting.	41	38.3	69.0		75.0	
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	61.7	70.6		76.9	
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	63	58.9	64.8		69.4	
Residents on individually written bowel and bladder retraining program.	2	1.9	5.0		4.0	
Eating						
Residents receiving tube feedings or requiring assistance with eating.	15	14.0	33.7		39.1	
Completely bedfast residents.	3	2.8	3.3		3.2	
Residents confined to chairs.	56	52.3	46.7		52.3	
Residents requiring restraints.	17	15.9	29.6		40.4	
Confused or disoriented residents.	44	41.1	52.6		58.6	
Residents with bed sores.	6	5.6	9.1		7.6	
Residents receiving special skin care.	21	19.6	34.5		31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F120	F170	F180	F181*	F196*	F237*	F250
F324*	F332*	F342					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ROLLING HILLS MANOR**

Street Address: 3615 16TH ST		City and State: ZION, IL 60099	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 135	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	Medicare Residents: 1	Medicaid Residents: 72			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		109	90.1	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		92	76.0	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		80	66.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	58.7	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		73	60.3	64.8	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	34.7	33.7	39.1
Completely bedfast residents.		2	1.7	3.3	3.2
Residents confined to chairs.		79	65.3	46.7	52.3
Residents requiring restraints.		45	37.2	29.6	40.4
Confused or disoriented residents.		78	64.5	52.6	58.6
Residents with bed sores.		9	7.4	9.1	7.6
Residents receiving special skin care.		81	66.9	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F116	F126	F127*	F130	F134	F179	F180
F181*	F182	F196*	F197	F199	F210	F227	F250
F255	F260	F262	F277	F317	F322*	F340*	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SHERIDAN HEALTH CARE CENTER**

Street Address: 2534 ELIM AVE		City and State: ZION, IL 60099	
Participation: MEDICAID SNF/ICF	# of Beds: 288	Type of Ownership: PROPRIETARY	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
249	0	207			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		140	56.2	73.8	82.0
Dressing					
Residents requiring some or total assistance in dressing.		171	68.7	77.5	84.0
Toileting					
Residents requiring some or total assistance in toileting.		90	36.1	69.0	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		90	36.1	70.6	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		151	60.6	64.8	69.4
Residents on individually written bowel and bladder retraining program.		80	32.1	5.0	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		111	44.6	33.7	39.1
Completely bedfast residents.		8	3.2	3.3	3.2
Residents confined to chairs.		87	34.9	46.7	52.3
Residents requiring restraints.		42	16.9	29.6	40.4
Confused or disoriented residents.		95	38.2	52.6	58.5
Residents with bed sores.		21	8.4	9.1	7.6
Residents receiving special skin care.		156	62.7	34.5	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	1	0.2	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	22	4.1	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	5	0.9	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	63	11.9	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	62	11.7	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	1	0.2	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	3	0.6	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	0	0.0	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.2	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.2	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	22	4.1	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	112	21.1	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	44	8.3	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	44	8.3	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	39	7.3	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	78	14.7	2034	19.8

SELECTED PERFORMANCE INDICATORS

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			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	39	7.3	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	51	9.6	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	46	8.7	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	86	16.2	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	116	21.8	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	14	2.6	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	9	1.7	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	22	4.1	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	24	4.5	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	38	7.2	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	34	6.4	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	69	13.0	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	25	4.7	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	36	6.8	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	16	3.0	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	291	54.8	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F138 F182

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

FACILITY NAME AND ADDRESS (City, State, Zip Code)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES

TITLES

SURVEY TEAM COMPOSITION

Indicate the Number of Surveyors According to Discipline

- A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administrator
F. ☐ Social Worker
G. ☐ Qualified Research Professional

- H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

Indicate Total Number of Surveyors Onsite

Form 10-79 (7-88)

(CONTINUED ON REVERSE)

Page 1

APPENDIX

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____		☐ F3 MEDICARE	☐ F4 MEDICAID	☐ F5 OTHER	F6 TOTAL RESIDENTS _____
CODE		CODE			
BATHING			CONTINENCE		
F7	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self	F22	Number of residents with indwelling or external catheters		
F8	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely	F23	Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans		
F9	TOTAL*	F24	Number of residents with urination and defecation entirely self-controlled		
DRESSING			TOTAL*		
F10	Number of residents totally dressed by another person	FEEDING			
F11	Number of residents needing assistance to dress self or remain partly dressed (Exclude those residents totally dressed)	F26	Number of residents who receive enteral/parenteral feedings		
F12	Number of residents able to get clothes from closets and drawers—puts on clothes, outer garments, braces—manages fasteners. Act of tying shoes is excluded	F27	Number of residents who receive NG tube feedings		
F13	TOTAL*	F28	Number of residents who require assistance in act of eating		
TOILETING			F29	Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are excluded from evaluation)	
F14	Number of residents not toileted (Use protective padding, catheter)	F30	TOTAL*		
F15	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet	F31	Number of completely bedfast residents		
F16	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes	F32	Number of chairbound residents		
F17	TOTAL*	F33	Number of ambulatory residents (may use cane/walker or crutches)		
TRANSFERRING			F34	Number of physically restrained residents (belt, vest, cuffs)	
F18	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers)	F35	Number of residents receiving psychotropic drugs		
F19	Number of residents needing assistance in transferring to toilet and tub only	F36	Number of confused or disoriented residents		
F20	Number of residents able to complete all transfers independently (may or may not be using mechanical supports)	F37	Number of residents with decubiti		
F21	TOTAL*	F38	Number of residents on individually written bowel and bladder retraining program		
		F39	Number of residents receiving special skin care		
		F40	Number of residents receiving intravenous therapy and/or blood transfusion		
		F41	Number of residents requiring no assistance in ADLs		
		F42	Number of residents on self-administration of drugs		
		F43	Number of residents with contractures		
		F44	Number of residents receiving respiratory care		
		F45	Number of residents receiving tracheostomy care		
		F46	Number of residents receiving suctioning		
		F47	Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy)		
		F48	Number of residents receiving injections		
		F49	Number of residents receiving colostomy care		

NAME OF FACILITY _____

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY (CONDITION OF PARTICIPATION)				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET Indicators A thru K apply to this standard for SNFs				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET Indicators A thru K apply to this standard for ICFs				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. Transfer and Discharge				
	Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. Exception: Not required for ICF residents.				
	D. Exercising Rights				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	5. The facility system of accounting includes written receipts for:				
F76	All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. Privacy				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. Work				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. Freedom of Association and Correspondence				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. Activities				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. Personal Possessions				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. Delegation of Rights and Responsibilities				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES (CONDITION OF PARTICIPATION)				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY _____

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET Indicators B and C apply to this standard for ICFs				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. Exception: Not required for ICF residents				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. Exception: Not required for ICF residents.				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. Exception: Only medications must be reviewed quarterly for ICF residents.				

NAME OF FACILITY _____

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. Exception: Not required for ICF residents.				
F121	C. Emergency Services SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
	NURSING SERVICES (CONDITION OF PARTICIPATION)				
F123	SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for SNFs.				
F125	ICF (442.338) ☐ MET ☐ NOT MET Indicators A thru E apply to this standard for ICFs except where noted.				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
	B. Twenty-Four Hour Nursing Service				
F137	1. Nursing personnel, including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. Exception: Not required for ICFs.				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) Exception: Not required for Freestanding ICFs.				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. Exception: Not required for ICF residents.				

4-7

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. Exception: Not required for ICFs.				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. Exception: Not required for ICFs.				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. Exception: Not required for SNFs.				

NAME OF FACILITY _____

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																					
	Entire Facility	F146																					
EVENING	DP	F147																					
	Entire Facility	F148																					
NIGHT	DP	F149																					
	Entire Facility	F150																					

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						

NAME OF FACILITY _____

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																		
EVENING	F164																		
NIGHT	F165																		
CENSUS	F166																		

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents. SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	Exception: ICF residents may self administer medication only with their physician's permission.				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____ % (See Form HCFA-522)				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES (CONDITION OF PARTICIPATION)				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
	A. Menus and Nutritional Adequacy				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. Therapeutic Diets				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets _____				
F201	Number of Therapeutic Diets _____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings _____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. Exception: Not required for ICF Residents.				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
F217	A. Plan of Care Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
F218	B. Therapy Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
F219	C. Progress 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. Exception: ICF resident's progress must be reviewed regularly.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. Exceptions: ICF residents' plans must be revised as necessary.				
	PHARMACEUTICAL SERVICES (CONDITION OF PARTICIPATION)				
F221	SNF (405.1127) ☐ MET ☐ NOT MET				
	A. Supervision				
F222	SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES (CONDITION OF PARTICIPATION)				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

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NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES (CONDITION OF PARTICIPATION)				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
F236	A. Plan The medically related social and emotional needs of the resident are identified.				
F237	B. Provision of Services Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES (CONDITION OF PARTICIPATION)				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
F240	Provision of Services SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS (CONDITION OF PARTICIPATION)				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY _____

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT (CONDITION OF PARTICIPATION)				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. Nursing Unit				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. Dining and Activities Area				
F275	SNF (405.1134(g)) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

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NAME OF FACILITY _____

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET Indicators C and D apply to this standard for SNFS.				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. Exception: Not required for ICF residents.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

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NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. Maintenance of Building and Equipment				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET Indicators J thru L apply to ICFs.				
	J. Dietetic Service Area				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. Hygiene of Dietary Staff SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. Dietary Sanitary Conditions SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. Emergency Power SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
	INFECTION CONTROL (CONDITION OF PARTICIPATION)				
F338	SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. Infection Control SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	B. Sanitation SIF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	C. Linen SNF (405.1135(d)) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. Pest Control SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS (CONDITION OF PARTICIPATION)				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for ICFs.				
F353	A. Disaster Plan 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE
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SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. _____ ADMINISTRATOR	H. _____ LIFE SAFETY CODE SPECIALIST
B. _____ NURSE	I. _____ LABORATORIAN
C. _____ DIETITIAN	J. _____ SANITARIAN
D. _____ PHARMACIST	K. _____ THERAPIST
E. _____ RECORDS ADMINISTRATOR	L. _____ PHYSICIAN
F. _____ SOCIAL WORKER	M. _____ PSYCHOLOGIST
G. _____ QUALIFIED MENTAL RETARDATION PROFESSIONAL	N. _____ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: _____

*F193: DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)
Traditional Survey

(1) ☐

New LTC Survey

(2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory